

SPAY NEUTER CLINIC PATIENT INTAKE

OWNER INFORMATION

NAME _____ PHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

EMAIL _____ How did you hear about us? _____

PET INFORMATION

PET NAME _____ (Circle): DOG CAT MALE FEMALE

BIRTH DATE (AGE) _____ BREED _____ Spayed/Neutered? Y ___ N ___

VACCINATION HISTORY: HAS YOUR PET BEEN VACCINATED? YES NO

DOG: Distemper/Parvo _____ Bordetella _____ Rabies _____ (Month/Year)

CAT: FVRCP _____ Feline Leukemia _____ Rabies _____ (Month/Year)

PLEASE CIRCLE ALL SERVICES YOU WISH YOUR PET TO RECEIVE TODAY

DOG: Spay (female) Neuter (male) Microchip Vaccination Package A B C Distemper/Parvo
Bordetella Rabies Deworming Nail Trim Anal Glands Heartworm Test
Heartworm Prevention Flea/Tick Prevention Dental Cleaning OTHER _____

CAT: Spay (female) Neuter (male) Microchip Vaccination Package A B FVRCP
Feline Leukemia Rabies FeLV/FIV Test Deworming Nail Trim
Revolution OTHER _____

TREATMENT AUTHORIZATION & RELEASE (of Pet listed above)

- To the best of my knowledge the animal listed above is in good health. I acknowledge the fact that all pre- and post-operative care is my responsibility. I am the owner or responsible party of the animal listed above and have the authority to execute this consent.
- I understand that if my pet is aggressive and requires extra medication, time, or staff there may be an additional charge of up to \$25.00.
- I hereby authorize the use of such anesthetics and medications as you deem advisable, and the performance of such surgical and therapeutic procedures as you determine to be necessary. I understand that some risks always exist with anesthesia and/or surgery, vaccinations and treatments and that I am encouraged to discuss any concerns I may have about those risks with the veterinarian before the procedures are initiated. My signature on this form indicates that any questions I have regarding these issues have been answered to my satisfaction.
- I agree to indemnify and hold harmless Spay Neuter Clinic and its affiliates, and the attending veterinarian from and against any and all liability arising out of the performance of all procedures referred to above.
- I understand that trained personnel will NOT attend hospitalized animals beyond regular office hours.

PAYMENT OF YOUR BILL IS DUE IN FULL AT THE TIME THE ANIMAL IS TREATED

I, THE PET OWNER OR AGENT THEREOF, CONFIRM THAT ALL INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Date: _____