



For Office Use ONLY:

Intake Date: ___/___/___

AWASA TALGV SNS PACC KFT ASAVET SELF-PAY

COPAY: \$ _____ Check in by _____

Client Name: _____

Address: _____
Street Apt/Unit#

City State Zip

Phone #: Primary _____

Other _____

Patient Name: _____

Species: Dog Cat _____

Sex: Male Female

Age: _____ wks/mo/yrs

Breed: _____

Color: _____

WHAT SURGERY IS YOUR PET HERE FOR TODAY? Spay Neuter Dental Other: _____

1. Is your animal spayed or neutered? Yes No I don't know

2. Where did you get your pet? _____

3. How long have you owned your pet? _____

4. Does your pet have any current/recent illness or injuries? Yes No *list if yes* _____

5. Has your pet ever had ANY surgery in the past? *list if yes* Yes No

6. Has your pet ever had an allergic reaction to a vaccination or medication? Yes No

7. Is your pet currently taking any medication? *list if yes* Yes No

8. When (date & time) did your pet last have food to eat? _____

9. FEMALES ONLY: Number of litters _____ Date of last litter _____ Date of last heat _____

20. Has your pet ever been vaccinated? No If Yes, when? _____

No Proof of Vaccines but current per owner

ALL PATIENTS BROUGHT TO SANTA CRUZ WITH FLEAS OR TICKS ARE REQUIRED TO BE TREATED FOR A FEE OF \$20

I am the owner and/or designated person to authorize medical care for the above pet. I hereby allow Santa Cruz Veterinary Clinic to examine, prescribe for, and/or treat the above pet. I assume all responsibility for charges acquired in the care of this animal. I also understand that charges must be paid at time of release and deposit may be required. If the above pet is receiving services that are paid for by an organization, I understand that my pet must be surgically sterilized (spay/neuter) at this time. If inpatient care is required, I understand that personnel are not present on premises 24hrs a day. I understand that the doctors and staff will use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthesia and surgery involve risk of injury or death to my pet and I will not hold the doctor and/or staff responsible for unforeseen complications. I understand I am responsible for following post anesthetic/surgical recovery instructions to avoid serious injury or death to my pet. All animals spayed/neutered may be tattooed for identification. I understand that I assume all risks. Santa Cruz Veterinary Clinic is a clinical preceptor for the University of Arizona's College of Veterinary Medicine. I understand that my animal may have surgery performed or assisted by a veterinary student under direct supervision by the attending licensed veterinarian.

Signature: _____ Print Name: _____ Date: _____

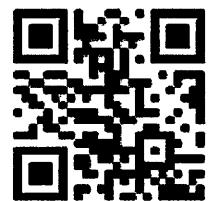
ADDITIONAL SERVICES - By selecting "yes," my signature above authorizes consent for the services to be performed.

1. Vaccines: Dog: Rabies \$15 _____ DAPP \$20 _____ Bordatella \$35 _____ Lepto \$40 _____

Cat: Rabies \$15 _____ PRC \$20 _____ FELV \$35 _____

- 2. Fee Varies: Yes No -License with Pima County (DOG ONLY)
- 3. \$10.00 Yes No -E-Collar (Male dogs >1yr Required for neuters)
- 4. \$10-15 Yes No -Deworming for intestinal parasites dogs and cats.
- 5. \$15.00 Yes No -Toe Nail Trim
- 6. \$20.00 Yes No - Anal Glands
- 6. \$25.00 Yes No - Microchip w/ Registration
- 7. \$15-20 Yes No - Post op pain relief for your 4 month or older pet
- 8. \$40.00 Yes No - Dog: Heartworm, Tick fever, and Lyme disease
- 9. \$40.00 Yes No - Cat: FeLV/FIV Test

QR code for post-op instructions video



Watch video before picking up your pet.

PRE-OP EXAM:

MM/CRT: ___ N ___ AB ___ NE
 Gen. Appearance: ___ N ___ AB ___ NE
 Cardio/Pulmonary: ___ N ___ AB ___ NE
 Integumentary: ___ N ___ AB ___ NE
 Musculo-Skeletal: ___ N ___ AB ___ NE
 Digestive: ___ N ___ AB ___ NE
 Genito-Urinary: ___ N ___ AB ___ NE
 EENT: ___ N ___ AB ___ NE
 Dental: ___ N ___ AB ___ NE

Temp (E R) _____ Pulse _____ Resp _____

BCS= _____ / 9 Room Tech _____ Visual or Brief Exam – Caution or Feral

Vet Signature _____ M/C Neg/Pos _____