SANTA CRUZ VETERINARY CLINIC
5408 S. 12th Ave. Tucson, AZ 85706
Phone #: (520) 889-9643
Fax #: (520) 889-9023
www.santacruzpet.com

For Office Use ONLY: Intake Date: ____/____/____
Program: ❑ AWASA ❑ TALGV ❑ S/N Sol. ❑ PFA ❑ PACC ❑ Asavet
❑SELF-PAY _____ COPAY: $_____ Check in by____

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

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: _____

Patient History

1. Where did you get your pet? _____ 2. How long have you owned your pet? _____
3. Does your pet have any current or recent illness or injuries?❑**No** ❑Cough ❑Sneeze ❑Vomiting ❑Diarrhea ❑Other: _____
4. Has your pet ever had ANY surgery in the past? ……...❑Yes ❑No
5. Has your pet ever had an allergic reaction to a vaccination or medication? ……...……...❑Yes ❑No
6. Is your pet currently taking any medication? ……...……...❑Yes ❑No
7. When (date & time) did your pet last have food to eat? _____
8. FEMALES ONLY: Number of litters _____ Date of last litter _____ Date of last heat _____
9. Has your pet been vaccinated? ❑No If Yes: **Dogs:** Parvo ___/___/___ INAPB ___/___/___ Rabies ___/___/___
❑No Proof of Vaccines but current per owner **Cats:** PRC___/___/___ FeLV ___/___/___ Rabies ___/___/___

ALL PATIENTS DIAGNOSED WITH FLEAS AND/OR TICKS ARE REQUIRED TO BE TREATED BY SANTA CRUZ VETERINARY CLINIC AT A FEE OF $15. This is for the safety of your pet and other patients in this hospital.

I am the owner and/or designated person to authorize for medical care for the above described pet. I hereby allow Santa Cruz Veterinary Clinic to examine, prescribe for, and/or treat the above described pet. I assume all responsibility for charges acquired in the care of this animal. I also understand that these charges will be paid at time of release and deposit may be required for inpatient care. If the above described pet is receiving services that are paid for by any organization, then I understand the pet must be surgically sterilized (spay/neuter) at this time. If inpatient care is required I understand that personnel is 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 involve some risks to my pet and I will not hold the doctor and staff responsible under any circumstances. I understand I am responsible for following post anesthetic/surgical recovery instructions to avoid serious injury or even death to my pet. All animals spayed/neutered may be tattooed for identification. I understand that I assume all risks.

Quote:$ Signature: Print Name: Date:

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

1. **Vaccines: (Dog or Cat)** DAPP or PRC ($15) ____ INB or FELV ($35) ____ RV ($15) ____
2. Fee Varies: □Yes □No – License your DOG with Pima County
3. $10.00 □Yes □No – E-Collar
4. $10-15 □Yes □No – Deworming for intestinal parasites dogs and cats.
5. $15.00 □Yes □No – Toe Nail Trim
6. $25.00 □Yes □No – Microchipped
7. $15-20 □Yes □No – Post op pain relief for your 4 month or older pet
8. $35.00 □Yes □No – Dog: Tick fever, heartworm, and lyme disease
9. $35.00 □Yes □No – Cat: FeLV/FIV Test
10. $95.00 □Yes □No – Pre-op blood work (CBC/Chem)
11. $_____ □Yes □No – Doctor Recommendations: _____

PRE-OP EXAM: Weight (lbs)_____**Temp (E R)** _____**Pulse**_____**Resp**_____ **M/C Scan:** Neg / Pos_____

Physical Exam:
MM/CRT: ____N ___AB ___NE
Gen. Apperance: ___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

BCS=_____/ 9

❑Remote Visual or Brief Exam – Caution or Feral

Veterinarian Signature_____