

DATE \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PET NAME \_\_\_\_\_

DAY AND TIME PET LAST FED \_\_\_\_\_

**PLEASE MARK SURGERY/PROCEDURE TO BE PERFORMED:**

- \_\_\_\_\_ SPAY, FEMALE (\* THERE IS AN ADDITIONAL CHARGE FOR PREGNANT ANIMALS, OR FOR DOGS IN HEAT OR OVER ONE YEAR OR 75 POUNDS. \*)
- \_\_\_\_\_ NEUTER, MALE (\* THERE IS AN ADDITIONAL CHARGE FOR CRYPTORCHID MALES (UNDESCENDED TESTICLES), OR FOR DOGS OVER ONE YEAR OR 75 POUNDS. \*)
- \_\_\_\_\_ DECLAW, FELINE - FRONT FEET ONLY
- \_\_\_\_\_ TENDONCTOMY, FELINE - FRONT FEET ONLY
- \_\_\_\_\_ DEWCLAW REMOVAL, CANINE (FRONT \_\_\_\_\_ REAR \_\_\_\_\_ BOTH \_\_\_\_\_)
- \_\_\_\_\_ DENTAL (\* EXTRACTATIONS WILL BE PERFORMED AT THE DOCTOR'S DISCRETION. \*)
- \_\_\_\_\_ X-RAY (AREA AND/OR PROBLEM \_\_\_\_\_)
- \_\_\_\_\_ SONOGRAM (AREA AND/OR PROBLEM \_\_\_\_\_)
- \_\_\_\_\_ BLOODWORK (REASON AND/OR PROBLEM \_\_\_\_\_)
- \_\_\_\_\_ URINALYSIS (REASON AND/OR PROBLEM \_\_\_\_\_)
- \_\_\_\_\_ MICROCHIP
- \_\_\_\_\_ OTHER \_\_\_\_\_

**PLEASE MARK ALL VACCINATIONS TO BE GIVEN:**

CANINE

FELINE

FERRET

- |                                   |                           |                 |
|-----------------------------------|---------------------------|-----------------|
| _____ DISTEMPER-PARVO CORONA      | _____ DISTEMPER-PNEUMONIA | _____ DISTEMPER |
| _____ INTRATRAC II (KENNEL COUGH) | _____ LEUKEMIA            | _____ RABIES    |
| _____ RABIES                      | _____ RABIES              |                 |

**PLEASE READ AND SIGN:** I AUTHORIZE THE VETERINARIAN, ASSOCIATES, OR ASSISTANTS TO ADMINISTER NECESSARY TREATMENTS TO PERFORM THE PROCEDURES MARKED ABOVE. I CONSENT TO THE ADMINISTRATION OF NECESSARY ANESTHETICS AND ASSUME FULL FINANCIAL RESPONSIBILITY FOR CHARGES INCURRED BY PATIENT AND UNDERSTAND ALL FEES ARE DUE WHEN PATIENT IS DISCHARGED.

OWNER/AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRIMARY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SECONDARY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**\*\* PLEASE PROVIDE A CORRECT CONTACT NAME AND PHONE NUMBER WHERE YOU MAY BE REACHED DURING YOUR PET'S PROCEDURE TODAY. IF OUR DOCTORS OR STAFF HAVE QUESTIONS OR CONCERNS ABOUT YOUR PET'S SCHEDULED TREATMENT AND CANNOT REACH YOU AT THE PHONE NUMBER PROVIDED, YOUR PET'S PROCEDURE MAY BE POSTPONED. \*\***