

**Owners Name:** \_\_\_\_\_ **Owners Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Pet's Age:** **Years:** \_\_\_\_\_ **Months:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

1. I certify by signing on the reverse side of this form that the animal named above has not bitten anyone in the last 10 days.
  2. Where does your pet primarily live? Indoor Fenced Yard Free Roaming Feral Cat
  3. Circle any of the following you have observed. Coughing Sneezing Vomiting Diarrhea Eye, Nose,  
or Ear Discharges
  4. Is your pet 6 years of age or older? YES NO
  5. Is there a chance your pet could be pregnant? YES NO
  6. Do you understand that if your pet is pregnant, her pregnancy will be terminated today during surgery? YES NO
  7. Is your pet current on vaccinations? YES NO
  8. Is your pet current on the required rabies vaccine (if they are 4 months of age or older)? YES NO
  9. Does your pet have any medical conditions under treatment or treated in the past 30 days? YES NO If yes, please list: \_\_\_\_\_
  10. Has your pet EVER been vaccinated before? YES NO Rabies Only Other: \_\_\_\_\_
  11. Do you understand that if your pet has not been vaccinated, he or she is at greater risk of picking up potentially fatal diseases while exposed to other unvaccinated animals at the clinic today? YES NO
  12. Is your pet on any medications of any kind, including OTC, flea or heartworm preventatives? YES NO If yes, please list: \_\_\_\_\_
  13. Has your pet had any oral or injectable steroids or non-steroidals (NSAIDs) in the past 30 days? YES NO
  14. Has your pet ever had seizures? YES NO If yes, when was the most recent episode? \_\_\_\_\_
  15. I certify by signing on the reverse of this form that my pet has never had spay or neuter services declined for any medical, health, surgical, breed, conformational or other at-risk reasons.
- We STRONGLY encourage everyone to purchase a CONE or BITTER ORANGE for their dog or cat to deter them from licking their incision site. Would you like to purchase either of these products today? YES NO**

**PLEASE CIRCLE ANY SERVICES YOU WOULD LIKE TO ADD TODAY**

<b>DOG:</b>	<b><u>RABIES VACCINATION</u></b>	<b><u>DA2PP VACCINATION</u></b>	<b><u>HEARTWORM TEST</u></b>	<b>Bordetella Vaccination</b>
	Flea Treatment (Capstar)	IV Fluids    Nail Trim	Fecal Parasite Exam	Microchip
	Ear Cleaning    Deworming	Cone (E-Collar)	Bitter Orange	
<b>CAT:</b>	<b><u>RABIES VACCINATION</u></b>	<b><u>FVRCP VACCINATION</u></b>	<b><u>FIV/FELV TEST</u></b>	<b><u>FELINE LEUKEMIA VACCINATION</u></b>
	Flea treatment (Capstar)	IV Fluids    Nail Trim	Fecal Parasite Exam	Microchip
	Ear Cleaning    Deworming	Cone (E-Collar)	Bitter Orange	Ear Mite Treatment    Ear Tip

**Would you like to donate to help an animal in need?    Amount \$ \_\_\_\_\_ .    THANK YOU!!!**