

Dental: \_\_\_N \_\_\_AB \_\_\_NE

For Office	Use ONLY:	Intake Date:	//
	_ TALGV SNS DF	ACC □KFT □NKPC □	□ASAVET □SELF-PAY
COPAY: \$	Check in b	y PAGER #	<u>.                                    </u>

5408 S. 12<sup>th</sup> Ave. Tucson, AZ 85706 Phone #: (520) 889-9643 Fax #: (520) 889-9023

·	www.santaci uzpet.com			
Client Name: Patient Name:				
Address:	Species: Dog Cat			
Street Apt/Unit#	Sex:			
City State Zip	Age:wks/mo/yrs			
Phone #: Primary	Breed:			
Other phone #:	Color:			
Email:				
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  6. Has your pet ever had an allergic reaction to a vaccination or medication?  7. Is your pet currently taking any medication? list if yes  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				
10.Has your pet ever been vaccinated? □No If Yes, when?				
□No Proof of Vaccines but current per owner				
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 Nan	me: Date:			
ADDITIONAL SERVICES - By selecting "yes," my signature above	authorizes consent for the services to be performed.			
1.Vaccines: Dog: Rabies \$20DAPP \$25 Bordatella \$40 Lepto \$30 Cat: Rabies \$20PRC \$25FELV \$40				
Weight(lbs):Temp ( E R ):Pulse:Resp: M/C scan:Neg/Pos				
PRE-OP EXAM:         BCS=/9 Room           MM/CRT:NABNE        NE         BCS=/9 Room           Gen. Apperance:NABNE        NE         NABNE           Cardio/Pulmonary:NABNE         MABNE           Integumentary:NABNE         NABNE           Musculo-Skeletal:NABNE         NABNE           Genito-Urinary:NABNE         Vet Signature	<b>Tech</b> □Visual or Brief Exam – Caution or Feral			