# NORTH PHOENIX ANIMAL CLINIC / PET RECORD

1610 E. Bell Rd., Suite 108 • Phoenix, AZ 85022
(602) 787-4240 • Fax (602) 787-4369

## OWNER'S INFORMATION

Date: ____________ Email: ____________

Name: ____________ (Last) ____________ (First) Home Phone: ____________

Address: ____________ (Street) ____________ (City) ______ (State) ______ (Zip) Day Phone: ____________

How were you referred to us? ____________

## PET'S INFORMATION

Name: ____________ Age______ ❑Dog ❑Cat ❑Rabbit ❑Altered ❑Male ❑Female

Color: ________ Breed ____________ Disabilities/Allergies? ____________

Has your pet had any of the following in the past week? ❑ Vomiting ❑Diarrhea ❑Coughing/Sneezing ❑Appetite change ❑Weakness/lethargy ❑Depression/Attitude ❑Change Other: ____________

Is your pet currently on any medications? ____________

Has your pet had any previous reactions to vaccinations, medications, or anesthesia? ____________

Females: To your knowledge, time since last heat or pregnancy? ____________

Cats: check all that apply ❑Indoor Only ❑Outdoor only ❑Both indoor/outdoor ❑Feral/Wild ❑Stray (past or present)

## VACCINATION HISTORY

Has your pet ever been vaccinated? ❑Yes ❑No If Yes, in which month of this past year?________ Has it been over 1 year? ❑Yes ❑No

Check those which apply **Dog**: ❑Parvo/Distemper combo ❑Bordetella ❑Rabies (Mo./Year) ________/________

**Cat**: ❑FVRCP ❑Feline Leukemia ❑FIP ❑Rabies (Mo./Year) ________/________

## AUTHORIZATION OF SERVICES

I hereby authorize the following: ❑SPAY (Female) ❑NEUTER (Male) ❑Declaw ❑Dental ❑Nail Trim($15) ❑Ear Mite Treatment($35) ❑Vaccinations ________ ❑Pain Med. ❑Microchip ID (Includes Registration) ❑Pre-Anesthesia Bloodwork ❑Pulse Oximetry Monitoring ($15) ❑IV Catheter / Fluids ($50) ❑E Collar ($14) ❑Others ____________ ❑Left Ear Tip O

*I consent to the administration of anesthesia as necessary. I understand that procedures requiring anesthesia are always associated with a certain amount of risk. I am aware that you are not a 24-hour facility.*

____________
Signature of Legal Owner or Authorized Person

| | | | |
|---|---|---|---|
| PE -( ) | W | T | Anesth- ( ) |
| | P | R | |
| BAR | N | AB | SX- |
| EENT- | N | AB | |
| MM- | N | AB | |
| LN- | N | AB | |
| H+L- | N | AB | |
| ABD- | N | AB | |
| SC- | N | AB | |

P/R- ( ) P/R- ( )

P/R- ( ) P/R- ( )

Recovery ( )

| Service | $ |
|---|---|
| Service Exam | $ |
| Spay | $ |
| Neuter | $ |
| Declaw | $ |
| VAC | $ |
| Nail Trim | $ |
| Dental | $ |
| HEAT | $ |
| Pregnancy | $ |
| Cryptorchid | $ |
| Meds | $ |
| Ear Mite Tx | $ |
| Lab | $ |
| Heartworm | $ |
| Coupons (-) | $ |
| **Total** | $ |

Vaccinations Given: ____________

Medication Given: PEN(300 ku/ml) ccSQ ❍: Ketoprofen(100 mg/ml) ccSQ ❍: Metacam 5mg/ml 0. ccSQ ❍

Rx: ____________

____________ Veterinarian Signature____________

❑ Booster Vacs needed in 3 Weeks ❑ Annual Vacs in 1 year ❑ Suture Removal 10 days

**Testing: FELV** ________ **FIV** ________ **Heartworm** ________ **Fecal** ________

# Pre-Anesthetic Testing Profile Consent Form

CLIENT NAME: ______________________________ PHONE: ____________________

ADDRESS: ______________________________ CITY: ______________ ZIP: ________

PET NAME: ______________________________ AGE: ____________________

Dear Pet Owner,

Your pet is scheduled for a surgical procedure requiring the use of general anesthesia. We, like you, consider your pet's well-being to be our highest priority. Prior to anesthesia, we will perform a physical examination to help identify any pre-existing conditions that may potentially cause complications.

In conjunction with this physical examination, we strongly recommend a Pre-Anesthetic Blood Profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatment. ***REQUIRED FOR ALL PETS 5 YRS AND OLDER!!!**

**PLEASE CHECK ONE BELOW AND SIGN:** ______________________________

**ACCEPT:** ________ Please perform the Pre-Anesthetic Blood Work prior to administering anesthesia to my pet. **FEE: $85.00**

**DECLINE:** ________ I understand that North Phoenix Animal Clinic has strongly recommended Pre-Anesthesia Blood Work. After reading this complete page, I am declining the recommended Pre-Anesthesia Blood Work.

**North Phoenix Animal Clinic**
**1610 East Bell Road #108**
**Phoenix, AZ 85022**