

FIRST & LAST NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PET NAME: \_\_\_\_\_

Circle one: **DOG** CAT

Circle one: MALE MALE NEUTERED FEMALE FEMALE SPAYED

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE: \_\_\_\_\_ (Estimate) PREGNANT: YES/NO



ARIZONA  
SPAY & NEUTER

Any history of seizures or medical conditions? **Yes/No** If yes please explain: \_\_\_\_\_

Has your pet ever had an allergic reaction? **Yes/No** If yes, to what? \_\_\_\_\_

Is your pet currently taking any medication? **Yes/No** If yes, What medication \_\_\_\_\_

Do you plan to take your pet to dog parks or grooming/boarding facilities? **Yes/No**

Has your pet had any symptoms of coughing, sneezing, diarrhea, or vomiting in the past 2 weeks? **Yes/No**

Has your pet received any vaccinations? If so which ones: \_\_\_\_\_

**PLEASE CIRCLE ALL SERVICES YOU WISH YOUR PET TO RECEIVE TODAY:**

**DOG:** DHPP \$20 Bordetella \$20 Rabies \$20 Lepto \$20 Microchip \$38 Nail Trim \$20 Deworming \$12-\$20 Heartworm Test \$35 Anal Glands \$22 Flea/Tick Preventative General Exam \$25

**CAT:** FVRCP \$20 FelV \$24 Rabies \$20 Deworming \$12-\$20 Microchip \$38 Felv/Fiv Test \$39 Nail Trim \$20 Flea/Tick Preventative **MANTATORY OFFICE FEE OF \$12 PER PET WILL BE ADDED TO BILL!**

**TREATMENT AUTHORIZATION & RELEASE**

- I acknowledge the fact that all pre- and post- vaccination care is my responsibility. I am the owner or responsible party of the animal listed above, have the authority to execute this consent, confirm the animal is in good health, and attest that the information is accurate to the best of my knowledge.
- I hereby also authorize the use of such vaccinations as you deem advisable and the performance of such therapeutic procedures as you determine necessary. I understand that some risks are associated with vaccination and treatments and that I am encouraged to discuss any concerns I may have about those risks with the attending veterinarian before the procedures are initiated. My signature on this form indicates that any questions I have regarding these issues have been answered to my satisfaction.
- My signature indicates that Arizona Spay Neuter and the attending veterinarian are free from all liability arising out of the performance of all the procedures listed above.
- I acknowledge the payment of the bill is due in full at the time of services.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Scan: \_\_\_\_\_

Wt. \_\_\_\_\_ # T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

BAR EENT A NAF ABD A NAF BCS: \_\_\_ out of 5

HYPER ORAL A NAF THOR A NAF

TENSE SKIN A NAF UG A NAF DI out of 9

Doctors Notes:

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