

ANIMAL AID SOCIETY

Date _____

Phone Check
Out Time: _____

Pick-up Time: _____

Cage Number: _____

New Client? Yes NoHave you ever brought your pet(s) to the Spay & Neuter Clinic? Yes No

What Year? _____

Form of Payment: Cash Check Charge

2) Phone (cell 1)

(cell 2)

(home)

(work)

PET OWNER INFORMATION

1) Name _____

3) Mailing Address _____

STREET _____

CITY _____

STATE _____

ZIP _____

4) E-mail Address _____

PET INFORMATION

5) Pet's Name _____

6) Type of Animal (circle) Dog Cat Other

7) Breed _____

8) Color _____

9) Age _____

10) Circle:

Male

Neutered

Female

Spayed

11) Reason for visit _____

E-Collar

EAR Tip

Fluids

12) Has your pet been treated for this condition? Yes No _____

Bloodwork

If YES, by what veterinarian? _____

When? _____

Pain management

13) Has your pet been sick or on any medication in the last ten days? Yes No

List Medications: _____

14) Is your cat/dog on heartworm preventative? Yes No15) Has your pet scratched or bitten anyone within the last 10 days? Yes No

NEEDED TODAY

IMMUNIZATIONS

- ___ 1) RABIES
- ___ 2) Purevax
- ___ 3) FVRCP
- ___ 4) FELV
- ___ 5) CPBBV
- ___ 6) DHLPP/PARVO
- ___ 7) LEPTO 4WAY

LABORATORY

- ___ 1) FECAL
 - ___ 2) HW/BPT
 - ___ 3) DIFIL
 - ___ 4) FELV/FIV TEST*
 - ___ 5) SKIN
 - ___ 6) EARS/EYES
- *Recommended before FELV/FIV vaccine

SURGERY

- ___ 1) F CAT SPAY
- ___ 2) M CAT NEUTER
- ___ 3) F DOG SPAY
- ___ 4) M DOG NEUTER
- ___ 5) DENTAL
- ___ 6) OTHER

Your pet will need anesthesia,
please complete the reverse side.

OTHER

- ___ 1) GROOM
- ___ 2) TRIM NAILS
- ___ 3) BATH
- ___ 4) FLEA TREATMENT
- ___ 5) MICROCHIP

 SEE REVERSE

ARE YOU DROPPING OFF YOUR PET TODAY? WOULD YOU LIKE A PHONE CHECK OUT? YES NO

I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to, the outstanding balance, attorney fees, court cost, collection agency fees and interest at the rate of 18% per annum (1.5% per month).

Signature _____

Staff Initial: _____