

**ANIMAL INFORMATION**

MONTECITO ANIMAL CLINIC  
5280 PACHECO BLVD.  
PACHECO, CA. 94553

PHONE: 925-686-0683  
FAX: 925-686-4754  
**( PLEASE PRINT )**

NAME OF PET \_\_\_\_\_ BIRTHDATE/ APROX AGE \_\_\_\_\_

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

SEX : MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SPAY/NEUTERED \_\_\_\_\_

**MICROCHIP #:** \_\_\_\_\_

**VACCINATIONS :** ( PLEASE FILL IN THE DATE THEY WERE GIVEN )

**DOGS:**

RABIES \_\_\_\_\_

DHLPP \_\_\_\_\_

BORDATELLA \_\_\_\_\_

LYMES \_\_\_\_\_

CORONA \_\_\_\_\_

**CATS:**

RABIES \_\_\_\_\_

FVRCP \_\_\_\_\_

FELV \_\_\_\_\_

FIP \_\_\_\_\_

**TESTS:**

HEARTWORM \_\_\_\_\_

PARVO \_\_\_\_\_

FECAL \_\_\_\_\_

FELINE LEUKEMIA \_\_\_\_\_

DEWORMER \_\_\_\_\_

FELINE FIV \_\_\_\_\_

IS YOUR PET CURRENTLY TAKING ANY MEDICATIONS?  
\_\_\_\_\_

IS YOUR PET ALLERGIC TO ANY MEDICATIONS?  
\_\_\_\_\_

I AM THE LEGAL OWNER OR A REPRESENTATIVE FOR THE LEGAL OWNER OF THE ANIMAL BEING PRESENTED FOR TREATMENT, AND I AM OVER THE AGE OF 18.

I HEREBY AUTHORIZE MONTECITO ANIMAL CLINIC TO EXAMINE, PRESCRIBE FOR OR TREAT THE ABOVE DESCRIBED PET I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL I UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF DISCHARGE FROM THE CLINIC OR WHEN SERVICES ARE OTHERWISE TERMINATED, AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT I ALSO UNDERSTAND THAT ALL MEDICAL RECORDS, INCLUDING RADIOGRAPHS, PERTAINING TO THE ABOVE ANIMAL BELONG TO AND ARE THE PROPERTY OF MONTECITO ANIMAL CLINIC.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_