

Animal Information
Montecito Animal Clinic
925-686-0683
(PLEASE PRINT CLEARLY)

Name of pet _____ Birthdate _____
Breed: _____ Color: _____
Sex: _____ Spay/ Neutered: _____
Microchip: Yes or No Microchip # _____

Vaccinations: Please fill in the date they were given.

<u>DOGS:</u>	<u>CATS:</u>
RABIES: _____	RABIES: _____
DHLPP: _____	FVRCP: _____
BORDETELLA: _____	FELV: _____
LYMES: _____	
FLU: _____	

<u>TESTS:</u> HEARTWORM _____	FELINE LEUKEMIA _____
FECAL _____	FELINE FIV _____

IS YOUR PET CURRENTLY TAKING ANY MEDICATIONS?

IS YOUR PET ALLERGIC TO ANY MEDICATIONS?

Previous Veterinarian(s) where past records could be obtained if necessary.

- 1) _____ Phone# (____) _____ - _____
- 2) _____ Phone# (____) _____ - _____

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: _____

PRINT NAME: _____