

PATIENT ADMITTING FORM



Santa Maria Valley

Humane Society

Owner's Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Email: _____

Pet's Name: _____ Species: Dog / Cat Sex: Male / Female

Age: _____ Altered: _____ Breed: _____ Color: _____

Did you feed your pet last night or this morning? YES / NO

Are there pre-existing medical conditions or a history of seizures ? YES / NO

Any previous vaccination reactions? YES / NO

Any Coughing, Sneezing, Vomiting, Diarrhea? YES / NO

Is your pet eating, drinking, urinating and defecating normally? YES / NO

If Female: Last Heat Cycle? _____ Pregnant? YES / NO If Male: 2 Testicles? YES / NO

Remove Puppy Teeth: YES NO N/A

Comments or concerns that we need to be aware of: _____

Weight: _____

SERVICES REQUESTED

SURGERY

- Spay
- Neuter
- Other

PACKAGES

- Puppy Pack #1
- Puppy Pack #2
- Dog Pack
- Kitten Pack #1
- Kitten Pack #2
- Cat Pack
- Microchip with Pack



CONSENT FOR TREATMENT OR SURGERY:

I, being of legal age and responsible for the animal described above, have the authority to grant Santa Maria Valley Humane Society, its staff members or agents my consent to receive, transport, prescribe for, treat and/or perform surgery upon the animal named above. I understand that modern techniques and trained staff will be used to care for all animals and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that Santa Maria Valley Humane Society, its staff members and agents will not be held liable or responsible in any manner and I assume all risks and all costs.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform that procedure. I consent to these procedures and agree to pay reasonable additional charges, if any. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I understand and consent to placement of an identification tattoo near the incision site for all spay/neuter procedures. I further understand that all feral cats will be subject to ear notch identification.

I understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by Santa Maria Valley Humane Society. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

I understand that all clinic services are intended for animals in families without resources to afford the cost of basic veterinary care at a private practice veterinarian. I understand that utilizing these services means that I am benefitting from donated funds to help pets in need.

VACCINATIONS

- Rabies – 1 Year
- Rabies – 3 Year
- Da2PPL
- Bordetella
- Lepto
- Influenza
- Purevax Rabies
- FVRCP
- FeLV

OTHER SERVICES

- Tech Visit
- Vet Exam
- Microchip
- FeLV / FIV Test
- HW Test
- Parvo Test
- CBC / Chemistry
- Urinalysis / Cytology
- Fecal
- Skin Scrape
- Deworm
- Nail Trim
- Ear Cleaning
- Anal Glands

MERCHANDISE

- HW Prevention
- Flea Prevention
- Ear / Eye / Dental

Client Signature _____

Date _____

Telephone Number Today _____

Owner's D.O.B. _____

Medical/Medicaid SSI/SSD WIC CalWorks CalFresh BIA Gen Assist Sect 8 VA Disability

Verified By Clinic Staff: _____