

NORTHWEST ANIMAL CLINIC & HOSPITAL

Patient Name _____ Sex _____ Date of Birth _____
 Breed _____ Species _____ Color _____
 Today's Date _____ Microchip/Tattoo ID# _____
 Owner(s) _____
 Telephone Home () _____ Cell () _____
 Driver's License # _____ Email address _____
 Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____

Important medical information

The Reason for this visit: _____

Has this patient experienced any of the following: Please **Circle** yes or no.

- | | |
|--|--|
| yes no -- Gaining weight or Losing weight ? (circle one) | yes no -- Spayed/Neutered Year _____ |
| yes no -- Limping | yes no -- Scratching |
| yes no -- Seizures | yes no -- Depressed /listless |
| yes no -- Ear problems | yes no -- Eye problems |
| yes no -- Fainting or weakness | yes no -- Lumps or bumps |
| yes no -- Coughing, sneezing, wheezing (circle all that apply) | yes no -- Increased water consumption |
| yes no -- Urination changes/difficulties | yes no -- Bad breath |
| yes no -- Increased or Decreased appetite (circle one) | yes no -- Other? _____ |
| yes no -- Vomiting | Stools are : normal or abnormal (circle one) |

Diet consists of _____
 Patient's Lifestyle (Indoor/Outdoor) _____
 Previous history of serious illness/operations: _____
 List previous vaccines and dates administered _____
 Current medications: _____
 Pet obtained from: _____

Thank you for coming to NWAC&H. You have selected us for this reason _____

CONSENT FORM: Read and Sign Below.

I am the owner, or the agent of the owner, of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the listed procedure or operation. I understand that during the performance of the procedure or operation, unforeseen conditions may be revealed that necessitates extension of the listed procedure, or operation, of different procedure(s) or operation(s) than those set forth. Therefore I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarians to provide the necessary care for this animal.

I have been advised as to the nature of the procedure or operation and the risks involved including death. I realize that results cannot be guaranteed.

Payment is due at time of service. \$ _____ Cash _____ Credit Card _____ Check _____ Care Credit _____

I have read and understand this authorization and consent to the listed procedure(s).

Signature: _____ **Date:** _____ **Phone #:** _____

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Vaccine Clinic Services Felines

Please **Circle** the following services that you would like for your pet today:
(Prices Plus Tax)

Rabies Yes No (\$7.00)
a deadly neurological disease contagious and fatal to humans

FVRCP Yes No (\$22.00)
Panleukpenia (P). Infection that causes bloody diarrhea and can be fatal
Rhinovirus (R). Infection that causes respiratory disease
Calicivirus (C). Infection that causes respiratory disease

FELV Yes No (\$27.00)
Acts like human AIDS viruses

Intestinal Parasite Assessment Yes No (\$35.12)

Would you like to schedule an Annual Physical Exam? Yes No (\$55.47)

Dental Checkup FREE Yes No (Free)

Dispense Flea Products Yes No (Varies)

Notes:

Patient: _____

Date: ____/____/____