

# MEDICAL RECORD

Invoice # \_\_\_\_\_

## Owner's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: ( ) \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_

If someone else is picking up your pet: Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

How did you hear about us? Flier Friend Print Ad Other \_\_\_\_\_ Qualification: \_\_\_\_\_

## Pet's Information:

Pet's Name: \_\_\_\_\_ Species: Dog Cat Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Weeks Months Years Sex: Male Female Color: \_\_\_\_\_

1a. How long have you had this pet? \_\_\_\_\_ 1b. Is your pet: Indoors Outdoors Both

2. When did your pet last eat? \_\_\_\_\_

3. When were your pet's last vaccinations? \_\_\_\_\_ What were they? \_\_\_\_\_

4. Medications your pet has taken for illness, fleas or ticks in the past month: \_\_\_\_\_ N/A

5. When was your pet's last veterinary exam? \_\_\_\_\_ Don't know N/A

6. Please list any prior illnesses or injuries: \_\_\_\_\_ Don't know N/A

7. Is your pet currently pregnant or in heat? Yes No Don't know N/A

8. Has your pet ever had puppies or kittens? Yes No Don't know N/A

7b. If so, when was the last time? \_\_\_\_\_

9. Has your pet ever had a bad reaction to vaccines, medication or anesthesia? Yes No Don't know N/A

If yes, please explain: \_\_\_\_\_

10. Have there been any behavioral changes or signs of illness in the past 2 weeks? Yes No Don't know N/A

If yes, please describe: \_\_\_\_\_

## Consent for Surgery:

I, being of legal age and responsible for the animal described above, have the authority to grant The Sam Simon Charitable Foundation, their staff members, volunteers, or agents, my consent to receive, transport, prescribe for, treat and / or perform sterilization 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 The Sam Simon Charitable Foundation staff, volunteers, and agents will not be held liable or responsible in any manner, and that I assume all risks.

If, in the course of treatment, a condition that requires medical attention or an additional procedure is discovered, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I hereby consent to any such procedures.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization 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 also 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 at the time I am given to pick him/her up, I understand that the animal will be considered abandoned, and will be disposed of in accordance with policies established by The Sam Simon Charitable Foundation. I understand that if my animal is deemed abandoned, I will be held responsible for any and all medical costs and boarding expenses.

I acknowledge and accept that The Sam Simon Charitable Foundation and all veterinarians associated with The Sam Simon Charitable Foundation (collectively referred to herein as "SSCF") are contractually obligated to release personal information concerning the client and the treated animal, including information regarding the veterinary care provided to the animal (collectively, "Information"), to various governmental and quasi-governmental agencies responsible for regulating veterinary care provided in the City or County of Los Angeles (collectively, "the Government Agencies"). By signing below, I hereby give knowing and informed consent for SSCF to release the above-referenced Information to the Government Agencies. SSCF will not release the personal Information discussed herein for any purpose other than as set forth above or as may be required by law. I acknowledge that I shall hold harmless SSCF for any inadvertent or unintentional disclosure of said Information. I hereby agree to the above-described disclosure of the Information and waive any and all claims, legal, equitable or otherwise regarding such disclosure.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_