NORTH PHOENIX ANIMAL CLINIC PATIENT RECORD

1610 E. Bell Road, Suite 108 * Pho

ANIMAL'S OWNER'S INFORMATION		0 * FAX (602)787-4369	
	NAME Saving One Life (Foster: ADDRESS: PO BOX 6458	DATE:	
		CITY: Chandler Prs cue ALTERNATE PHONE: 602770	ZIP CODE: 8529
	E-MAIL: Ye cords @ saving one life. 6	V9 REFERRED BY:	- 8977
	NAME:	if location is a second	
	SPECIES: dog / cat / rabbit, COLOR:	BREED:	1/F FIXED: YES / NO
	MEDICAL CONDITIONS / MEDICATIONS:		
	WHEN WAS THE LAST TIME YOUR PET WAS VACCINATED TO THE CONTROL OF T	BORDETELLA: BORDETELLA: LEUKEMIA: OTHE	er: NA
AUTHORIZATION OF SERVICES	If your pet is here for an anesthetic procedure, bloodwork is required for all animals over 5 years of age. It is also need that bloodwork be performed before any anesthetic procedure, regardless of the animal's age, to help identify any pre-existing medical conditions and help ensure that your animal is healthy for the procedure. PLEASE INDICATE IF YOU WOULD LIKE PRE-ANESTHETIC BLOODWORK (required if over 5 years of age): YES / NO *Bloodwork is an additional \$92 fee **I consent to the administration of anesthesia as necessary. I understand that procedures requiring anesthesia are associated with a certain amount of risk. I am aware that North Phoenix Animal Clinic is not a 24-hour facility. SIGNATURE OF OWNER:		
OTHORIZATION OF SERVICES	*Bloodwork is an additional \$92 fee **I consent to the administration of anesthesia as necessare associated with a certain amount of risk. I am awa	nelp ensure that your animal is healthy IC BLOODWORK (required if over 5 ye	f the animal's age, to for the procedure. ars of age): YES /NO
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