

# Sun Lakes Animal Clinic

## PET INFORMATION SHEET

Thank you for choosing our clinic for veterinary service today. In order to enter your pet into our computer system please kindly provide the following information...

**YOUR NAME:** \_\_\_\_\_  
(First) (M.I.) (Last)

**PET'S NAME:** \_\_\_\_\_ **SPECIES:**  CAT  DOG  OTHER \_\_\_\_\_  
(if other, please specify)

**COLOR:** \_\_\_\_\_ **BREED:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
(eg: Collie, Schnauzer, Siamese, etc.) (if unsure, please estimate)

**SEX:**  FEMALE  SPAYED FEMALE  MALE  NEUTERED MALE

**MICROCHIP ID:**  AVID  HOME AGAIN  NOT SURE  NO CHIP **ID#:** \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS THAT YOUR PET IS SENSITIVE TO (that you know of) AND THE ADVERSE EFFECTS THEY CAUSE IN YOUR PET:**

\_\_\_\_\_  
 \_\_\_\_\_

**PLEASE NOTE ANY OTHER SPECIAL CIRCUMSTANCES WITH YOUR PET THAT WE SHOULD KNOW ABOUT** (Such as previous operations, dietary needs, previous illnesses, etc.): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Please provide the following preventive health care dates:** (If you are unsure, please estimate as nearly as possible)

**For Dogs...** **Distemper/Parvo 6-way Vaccination:** \_\_\_\_\_  
(Date last given)

**Rabies Vaccination:** \_\_\_\_\_ **Annual Heartworm Test:** \_\_\_\_\_  
(Date last given) (Date last tested)

**Fecal (stool) Analysis:** \_\_\_\_\_ **Annual Dental Cleaning:** \_\_\_\_\_  
(Date last tested) (Date last performed)

**Other Preventive Medicine:** \_\_\_\_\_  
(Procedure & Date last performed)

**For Cats...** **Feline Distemper 3-way Vaccination:** \_\_\_\_\_  
(Date last given)

**Rabies Vaccination:** \_\_\_\_\_ **Feline Leukemia Vaccination:** \_\_\_\_\_  
(Date last given) (Date last given)

**Fecal (stool) Analysis:** \_\_\_\_\_ **Annual Dental Cleaning:** \_\_\_\_\_  
(Date last tested) (Date last performed)

**Other Preventive Medicine:** \_\_\_\_\_  
(Procedure & Date last performed)

**STANDARD CONSENT FOR TREATMENT AND/OR SURGERY** as required by the State of Arizona...

I authorize and direct the veterinarians at Sun Lakes Animal Clinic to provide such diagnostics, medical care and/or surgery as agreed upon by myself and the staff. No warranty or guarantee has been made as to the result or cure.

I hereby authorize and direct the pathologist to examine, retain for scientific purposes or dispose of all such tissues, organs or members as shall be removed by operation or biopsy performed upon the patient.

I understand that payment is due upon release of patient unless other arrangements have been made. In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all costs included in said unpaid balance, including all reasonable collection and/or attorney fees.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_