FUR WELLNESS ANIMAL CLINIC

Welcome to Fur Wellness Animal Clinic

Name: _____
Last First

Address: _____
Street City State Zip

Telephone: _____
Primary Secondary

Email Address: _____
Would you like to receive text or email notifications? Y / N (Please circle which or both) _____
Mobile Number

Pet Information

Name: _____ Dog / Cat Male / Female Altered Age: _____

Breed: _____ Color: _____

Has your pet had any previous reactions to vaccinations, medications or anesthesia? _____
If so, please explain _____

Does your pet have any allergies? Y / N _____

Is your pet currently on any medications? Y / N
Please list all medications including heartworm preventative or supplements_____
_____
_____

Has your pet been previously vaccinated? Y / N If yes, please list below:
_____ _____
_____ _____
Cats: Indoor / Outdoor / Both indoor/outdoor (Please circle one)

I hereby authorize the use of such anesthetics and medications and the performance of such surgical and medical procedures as deemed advisable. I understand that some risks always exist with anesthesia and/or surgery, vaccinations and treatments and I am encouraged to discuss any concerns before the procedures are initiated.
Payment is due at time of services.
By signing below, you certify that you are the owner and or agent of the above animal and have the authorization to consent to treatment.

_____ _____
Signature Date