

Owner's Name (Print First & Last Name) _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Email: _____

Animal's Name: _____ Species: Dog / Cat Breed: _____

Sex (Circle One): Female / Male

Is the Animal Spayed/Neutered? Yes ___ No ___ Age: _____ Birthdate: _____

Colors & Markings _____ Allergies _____

Please Indicate Why You Are Here Today: _____

I, being responsible for the animal described above, have the authority to grant Red Rocks Animal Center and/or its representatives my consent to receive, treat, and administer anesthetics or medications as deemed proper by the veterinarian and/or operate upon the animal previously named. I understand that no assurance or guarantee has been made of the results of any surgery or treatment and that the risks and probabilities of complications exist in any surgical or medical treatment including death, exist in any surgical or medical treatment which may result in further visits to a doctor and/or specialist with additional charges.

I understand that any unpaid balance due is my responsibility and I agree to pay as indicated by Red Rocks Animal Center. I understand that any NSF check issued will be charged an additional fee of \$50.

I understand that it is very important that I provide a number that I can be reached within 10 minutes of the beginning of a surgical procedure. I also understand that if Red Rocks Animal Center encounters a situation that requires contacting me and I am unavailable, Red Rocks Animal Center will do whatever is in the best interest of my animal. I also understand that this may incur additional charges and I will be responsible for paying those charges.

I am at least 18 years of age and after carefully considering the above, have signed in agreement.

I am aware RRAC is not providing 24 hour patient monitoring and I have the option to transfer care to a 24 hour facility.

Signature: _____

Date: _____

=====PLEASE DO NOT WRITE BELOW THIS LINE=====

Chronic Meds/Supps: _____

Diet: _____ Weight: _____ lbs []Normal Weight; []Underweight; []Overweight

HWT: _____ HWP: _____ Travel: _____

T P R _____

DATE	TREATMENT AND PROGRESS

