

CLIENT INFORMATION SHEET

www.kinder4rescue.org

Send Records and Xrays to → xrays@kinder4rescue.org

Client Information

Microchip# _____ Need Microchip

Owner's name: _____ Driver's License: _____ DOB _____

CONTROLLED SUBSTANCE REQUIREMENT

Check box for which number we can reach you at today:

Phone: (Home): _____ (Cell): _____ (Work): _____

Email: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Spouse/Other: _____ Phone (Cell): _____

In case of Emergency, call: _____ Alt: (_____) _____

Method of Payment: Cash Credit Card Scratchpay.com Venmo Other: _____

How did you hear about us? _____

Pet Information

Pet's Name _____ Species: Canine/Feline Breed: _____

Color: _____ Age: _____

Female Spayed/Castrada - Yes No

Male Neutered/Castrado - Yes No

How many other pets do you have at your house? _____ Female Spayed/Castrada - Yes No Species: Cat / Dog
Male Neutered/Castrado - Yes No Species: Cat / Dog

Previous/Current Vet: _____

Does your company have a matching donation program?

Yes

No

I am the owner (or authorized agent for the owner) of this pet and over 18 years of age. The information given above is correct. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety Clinic Care and handling. I hereby authorize this clinic to receive, prescribed for, and treat the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the clinic. I understand I am responsible for payment and agree to pay the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the clinic is located. I also authorize *Kinder4Rescue Low Cost Vet Clinic* to release or transfer my pet's medical records to another Veterinary and/or Boarding Facility. Please notify Kinder4Rescue if Payment Assistance is needed prior to services. A list of foundations that assist in medical care can be provided for pre-approval.

Signature: _____

Date: _____

Patient History

Date: _____

Pet Owner's Name: _____

Pet's Name: _____

! Reason for visit: _____

Date of Injury: _____

How did the injury occur? _____

Species: Dog Cat Other _____

Sex: **Intact** Male **Neutered** Male

Intact Female **Spayed** Female

Do you have recent records? Yes No **Sent:** Yes No

Email: xrays@kinder4rescue.org Fax: 1 (818)-505-0026

HAS YOUR PET...

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| 1. Annual vaccinations within the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 2. Rabies vaccination current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 3. Any recent surgery or dentistry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 4. Any illness or injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 5. Medication or a current medical problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If YES, _____

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| 6. Any recent physical examination within the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 7. Any recent bloodwork, x-rays, ECG, other? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 8. Exposure to any animal with an unknown illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 9. A recent pregnancy or heat period? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 10. When was the last time your pet ate? Date: _____ | | Time: _____ | |
| Drinking more or excessive water intake? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

HAVE YOU NOTICED ANY...

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| 1. Coughing, sneezing, shortness of breath, or tiring easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 2. Change in appetite or eating habits/weight loss? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 3. Recent vomiting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If YES, when did it start? _____ Color of vomit: _____

- | | | | |
|---------------------|------------------------------|-----------------------------|---------------------------------|
| 4. Recent diarrhea? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
|---------------------|------------------------------|-----------------------------|---------------------------------|

If YES, when did it start? _____ Blood in stool: Yes No Unsure

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| 5. Blood in urine, or other discharge? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 6. Unusual attitude, fainting, or seizure? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 7. Swelling, limping, or pain in moving? (Circle) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

- | | | |
|--|---|-----------------------|
| 8. Is your pet unable to urinate? <input type="checkbox"/> Yes - spot peeing. | <input type="checkbox"/> No - Not urinating. | Color of urine: _____ |
|--|---|-----------------------|

If YES, when did it start? _____

How closely is your pet observed? _____

Other Info: _____



TO BE COMPLETED BY CLINIC ONLY

Orders:

1. **Dental date:** _____

2. _____

3. Ears \$15 Nails \$15 Anal Gland \$15

4. _____

5. _____

TO BE COMPLETED BY CLINIC ONLY

Notes:

Physical Exam		Date: _____	
Weight _____	Attitude _____	BCS ____ / 9	
	Normal	Abnormal	Remarks
Hydration	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	
PLNs	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Neuro	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Left front	<input type="checkbox"/>	<input type="checkbox"/>	
Right front	<input type="checkbox"/>	<input type="checkbox"/>	
Left hind	<input type="checkbox"/>	<input type="checkbox"/>	
Right hind	<input type="checkbox"/>	<input type="checkbox"/>	

TO BE COMPLETED BY CLINIC ONLY

Doctor's Notes: _____

Assessment: _____

Bloodwork: _____

XRays: _____

Recommendation/Refer to: _____

Surgery: _____

Patient Information – CLIENTS TO COMPLETE BELOW

Pet's Name: _____


Owners Name: _____

Breed: _____ Color: _____

Age: _____ Sex: M / F Spayed/Neutered: Y / N



Kinder4Rescue
 Low Cost Pet Clinic & Adoption Center
 4926 Vineland Ave, North Hollywood, CA 91601
 Office: (818) 505-0006

DENTAL FINANCIAL  **Microchip** \$25

Prev BW date _____ **BW** 125 150 89

Voucher: Done Received **XR** 150 75

Sm. \$275 Lg./Stom. \$375 /

Extractions: _____

Pain Inj. | Meds _____ /

Deposit **Rebate** _

Balance: \$ _____ **PD Total:** \$ _____

PB Credit | Debit (2.6%) Venmo ScratchPay

- **Blood Pulls for Anesthetic Dentals are \$89 plus \$61 rebate for clients who will be using our facility for Dentals. If you decide your pet will not be receiving surgery/dentals at Kinder4Rescue, the blood work will be an additional \$61 equaling \$150. We charge this \$61 rebate at the time of blood draw, which will then be rebated only after surgery.**

INTLS _____

- **Dentals are \$275 (small breed), \$375 (large breed, over 40lbs) including all scaling, polishing, fluoride, and including up to 10 extractions. Additional extractions are \$10 each. Dental procedures DO NOT include medication/pain shots if needed, which can range from \$0-\$70.**

INTLS _____

- **Injectable antibiotics if needed at additional charge. If given Convenia (Two week antibiotic injection) price ranges on body weight. Any pet 20lbs and under is priced at \$45. Any pet 21lbs-45lbs priced at 65\$. Pets weighing 66lb + its priced at 80\$ INTLS_____**

If pre-fluids are required due to bloodwork cost is \$25. INTLS _____

- **Cats with Stomatitis are an additional \$100. INTLS _____**

- **If pet requires oral abscess repair, there will be an additional charge of \$50. INTLS _____**

- **Pets 7 years and above or when age is in question will require a chest X-Ray and will be at discounted price of \$75. INTLS _____**

- **For those Cats and Dogs with Tooth Decay and Bone Loss that require JAW WIRING an additional \$100-\$200 will be charged. INTLS _____**

Check if you'd like any of the following at time of surgery:

Nails cut (\$15)	Ears cleaned (\$15)	Anal glands expressed (\$15)

- **Non-Anesthetic Dentals are \$99 on the first Sat of the month. 12-3pm drop-offs. We will call you when your animal is ready. Just walk in, no appointment needed.**

- **Cash accepted. Credit Card payments accepted with the following fees:**
 - Venmo 0%
 - Online through www.Kinder4Rescue.org with an additional 2.6% charge
 - Phoned In Credit Card - 3.5%

Client Signature: _____ **Date:** _____

