

Send Records and Xrays to – xrays@kinder4rescue.org

Client Information

Microchip# _____ Need Microchip

Owner's name: _____

Driver License #: _____

Driver License State: _____

Date of Birth: ____/____/____

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 pets(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: _____

Species: Dog Cat Other _____
Sex: *Intact* Male *Neutered* Male
 Intact Female *Spayed* Female

! Reason for visit: _____

Date of Injury: _____

How did the injury occur? _____

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? Yes No Unsure
2. Rabies vaccination current? Yes No Unsure
3. Any recent surgery or dentistry? Yes No Unsure
4. Any illness or injury? Yes No Unsure
5. Medication or a current medical problem? Yes No Unsure

If YES, _____

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

HAVE YOU NOTICED ANY...

1. Coughing, sneezing, shortness of breath, or tiring easily? Yes No Unsure
2. Change in appetite or eating habits/weight loss? (Circle) Yes No Unsure
3. Recent vomiting? Yes No Unsure

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

4. Recent diarrhea? Yes No Unsure

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

5. Blood in urine, or other discharge? (Circle) Yes No Unsure
6. Unusual attitude, fainting, or seizure? (Circle) Yes No Unsure
7. Swelling, limping, or pain in moving? (Circle) Yes No Unsure

8. Is your pet able to urinate? **Yes**- spot peeing. **No**- Not urinating. Color of urine: _____

If YES, when did it start? _____

How closely is your pet observed? _____

Other Info: _____





Kinder4Rescue

5308 Vineland Ave, North Hollywood 91601 (818) 505-0006

Surgery Release

Pet Name: _____ Species: _____ Breed: _____

Color: _____ Pet's Age: _____

Female Spayed/Esterilización - Yes No Male Neutered/Castración - Yes No

Previous/ Current Vet: _____

Carefully read and understand the following before signing your name:

- I, acting as owner or agent of the pet named above, hereby request and authorize Kinder4Rescue, through whomever veterinarians they have designate, to perform an operation of the animal named on the above
- portion of this form.
- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service. I certify that my animal is in good health and has had no food since midnight prior to surgery (if older than 4 months).
- I understand that Kinder4Rescue has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that my animal will receive pre-operative bloodwork at owner's expense.
- I understand some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency viral infection, feline leukemia viral infection, and heartworms.
- I understand that the **Blood Draw Fee is \$145** for clients **who will be using** our facility for surgery.
- I understand that blood results will not be released until the correct fee is paid.

- **I understand that if any anesthetic procedure is performed on my animal, the veterinarian will choose to also spay or neuter them at a cost to the client.**
- **I understand that all teeth to be pulled will be done at the discretion of the doctor in the interest of the health of my pet.**
- **If you do not show up to pick up your pet, you will be charged \$300 for an overnight fee.**
- **Brachycephalics carry a huge risk when it comes to anesthesia and treatments for your pet. The most common issue is overheating and trouble breathing due to their abnormal anatomy. Although, we take precautions, this higher anesthesia risk can result in death to your pet, I understand the additional risk to my pet, I agree to proceed. In addition,**
I agree not to hold Kinder4Rescue or our veterinarian staff responsible.

Initials: _____

I hereby release Kinder4Rescue, Kinder4Rescue Pet Clinic, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions to vaccinations or medications. I agree that I have not and will not claim any right to compensation from them, or any of them, or file any action by reason of such surgery of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Kinder4Rescue harmless for any damages caused during by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Signature: _____ Date: _____

TO BE COMPLETED BY CLINIC ONLY

Orders:

1. **Dental date:** _____
2. _____
3. Ears \$20 Nails \$20 Anal Gland \$20
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: ABD: _____ CHEST: _____

OTHER: _____

Recommendation/Refer to: _____

Surgery: _____

DENTAL FINANCIAL 🐾

Microchip \$25

Prev BW date ____/____/____ BW 145

Voucher: Printed RAD XR 175 85

w Sm. \$399 Lg./Stom. \$499

Extractions:

Covenia \$45-\$65-\$85

Pain In. 40 | Meds 95

Deposit | Food

Balance: \$ _____ PD Total: \$

PB Crd/Dbt (2.6%) Vmo ScrPay CareCrd

PB Crd|Dbt (2.6%) Vmo ScrPay CareCrd

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
5308 Vineland Ave, North Hollywood, CA 91601
Office (818) 505-0006

For anesthetic dental come in M W F 8-9am. For appointment no food or water on possible same day dental.

- **Blood Pulls for Anesthetic Dentals are \$145 for clients who will be using our facility for Dentals.**

INTLS _____

- **Dentals are \$399 (small breed), \$499 (large breed, over 30) 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 \$40-145.**

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 \$85. 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 (\$20)	Ears cleaned (\$20)	Anal glands expressed (\$20)

- **Non-Anesthetic Dentals are \$120 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: _____

KINDER4RESCUE DISPUTE RESOLUTION AGREEMENT AND PHOTO/VIDEO RELEASE AUTHORIZATION

This Dispute Resolution Agreement is entered into between Kinder4rescue (Kinder4rescue Low Cost Pet Clinic and Kinder4rescue Surgical Center are divisions of Kinder4rescue, all collectively referred to as Kinder4rescue) and

_____ (“Client”) collectively referred to as “The Parties.”

For good and valuable consideration of which the parties hereby acknowledge, The Parties agree as follows:

1. MEDIATION

The Parties agree to mediate any dispute or claim arising between them as to services provided by Kinder4rescue, or any resulting transaction, before resorting to arbitration or court action. Mediation fees and mediation administrative expenses shall be divided equally between The Parties.

The forum for the mediation shall be either the American Arbitration Association, Adjudicate West, or Judicial Arbitration and Mediation Services of California (JAMS). The Party initiating mediation shall select any of these providers.

2. ARBITRATION

The Parties agree that any dispute or claim in law or equity arising between them as to services provided by Kinder4rescue to Client, or any resulting transaction, which is not settled through mediation, shall be decided by neutral, binding arbitration. The arbitrator shall be a retired judge or justice, or an attorney with at least 5 years’ experience unless the parties mutually agree to a different arbitrator. The forum for the arbitration shall be either the American Arbitration Association, Adjudicate West, or Judicial Arbitration and Mediation Services of California (JAMS). The party first filing for arbitration shall select which of the above forums to use.

The parties shall have the right to discovery in accordance with California Code of Civil Procedure section 1283.05. In all other respects, the arbitration shall be conducted in accordance with Title 9 of Part 3 of the Code of Civil Procedure. Judgment upon the award of the arbitrator(s) may be entered into in any court having jurisdiction.

The award of the arbitrator(s) shall be binding and either Party may petition a court of competent jurisdiction to convert the award to an enforceable court judgement. A court of competent jurisdiction shall have the power to issue interim orders as the court deems appropriate to maintain the status quo pending the issuance of the award or judgment. Each Party shall pay their own Arbitration expenses, including, but not limited to legal fees, arbitrator fees, and arbitration administrative fees regardless of which side is the prevailing party, and the arbitrator(s) shall not have the authority to award such costs and/or expenses to either Party.

3. PHOTO/VIDEO RELEASE AUTHORIZATION

By signing my name below, I grant Kinder4rescue and their representatives and affiliates, permission to take any and all information, photographs, and/or videos, including, but not limited to, Ring camera videos of Client and/or Client's pet(s), and to copyright, use, post and publish the above in both print, and electronically.

I agree that Kinder4rescue and their representatives and affiliates, may use such information, photographs, and videos of Client and his/her pet(s) with or without Client's name and for any lawful purposes. These purposes include, but are not limited to the following: video, trade show booth, brochures, display advertisements, signage, Yellow Pages, newsletters, private invitations, social media platforms, websites, lectures, and marketing related materials. This permission extends to all future usage, all future printings, and all future postings. Client understands that absolutely NO personal information, such as address, phone number, financial information, and material considered sensitive will be released or made public. I also understand that there will be NO compensation from Kinder4rescue and their representatives and affiliates for the use of the photograph(s) and video(s) now and in the future. I will make no monetary or other claims against Kind4rescue and their representatives and affiliates for their use of any interview, information, photograph(s) and/or videos.

Date: _____

Kinder4rescue

Date: _____

Client