

**BLUE INK ONLY**

General Packet

**CLIENT INFORMATION SHEET**

Write Legibly

[www.kinder4rescue.org](http://www.kinder4rescue.org)

**Send Records and X-rays to – [xrays@kinder4rescue.org](mailto:xrays@kinder4rescue.org)**

**Client Information**

Microchip# \_\_\_\_\_ Need Microchip

Owner's name: \_\_\_\_\_

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: ( \_\_\_\_\_ ) \_\_\_\_\_

Payment Method:  Cash  Zelle  Scratch Pay  Care Credit  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

Where was your pet spayed?/ ¿Dónde esterilizaron a su mascota? \_\_\_\_\_ Date: \_\_\_\_\_

How many other pets do you have at your house? _____	Female Spayed/Castrada – Yes <input type="checkbox"/>	No <input type="checkbox"/>	Species: Cat / Dog
	Male Neutered/Castrado – Yes <input type="checkbox"/>	No <input type="checkbox"/>	Species: Cat / Dog

Previous/Current Vet: \_\_\_\_\_

**Does your company have a matching donating 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: \_\_\_\_\_

Driver License #: \_\_\_\_\_  
 Driver License State: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**CONTROLLED SUBSTANCE REQUIREMENT**

# 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](mailto: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 - Normal**  **No**  **Spot Peeing** Color of urine: \_\_\_\_\_

If YES, when did it start? \_\_\_\_\_

How closely is your pet observed? \_\_\_\_\_

Other Info: \_\_\_\_\_



Orders:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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"/>	

Doctor's Notes: \_\_\_\_\_

Assessment: \_\_\_\_\_

Bloodwork: \_\_\_\_\_ YES  NO

XRays: \_\_\_\_\_ ABD: \_\_\_\_\_ CHEST: \_\_\_\_\_ YES  NO

OTHER: \_\_\_\_\_

Recommendation/Refer to: \_\_\_\_\_

Surgery: \_\_\_\_\_ PROCEED TO SX

**GENERAL FINANCIAL:**

<input type="checkbox"/> Prev BW _____ / _____ / _____	CPL <input type="checkbox"/> 60	BW <input type="checkbox"/> 145
<input type="checkbox"/> Prev XR _____ / _____ / _____	XR <input type="checkbox"/> 175	POST <input type="checkbox"/> 85
Voucher <input type="checkbox"/> Printed <input type="checkbox"/> Radiology Report <input type="checkbox"/> 200		
Anesthesia/Surgical Cost		
Biopsy <input type="checkbox"/> 175 <input type="checkbox"/> 325 <input type="checkbox"/> Decline <input type="checkbox"/>	X	
Nocita <input type="checkbox"/> 225 <input type="checkbox"/> Inj 40 <input type="checkbox"/> Meds 95		
Cerenia <input type="checkbox"/> 25 Covina Inj <input type="checkbox"/> 45-85		
<input type="checkbox"/> Overnight Nights x		
<input type="checkbox"/> Deposit <input type="checkbox"/> Food <input type="checkbox"/> Litter		
Balance: \$ _____	Total:	\$ _____
<input type="checkbox"/> PB <input type="checkbox"/> Zelle <input type="checkbox"/> Vmo <input type="checkbox"/> ScrPay <input type="checkbox"/> CareCrd		
<input type="checkbox"/> PB <input type="checkbox"/> Zelle <input type="checkbox"/> Vmo <input type="checkbox"/> ScrPay <input type="checkbox"/> CareCrd		

ONLY FILL OUT BOX

**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

**CLIENTS TO FILL OUT THE BOX ABOVE**



# 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: \_\_\_\_\_

**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”)(Print Name) 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 Signature