Jacksonville Community Pet Clinics

5425 Verna Blvd Jacksonville Fl 32205
904-337-0076
Petshotsjax.west@gmail.com

335 11th Ave N Jacksonville Beach FL 32250
904-694-0541
petshotsjax.beach@gmail.com

Mycommunitypetclinic.com

Date: _____

C ☐ S ☐ V ☐ D ☐
E/D: _____
U/D: _____
Skin/Ears? _____
Lumps? Bumps? _____

Patient: _____ **Client Name:** _____
Species: _____ **Breed:** _____
Color: _____ **Sex:** _____
Age: _____ **Weight:** _____

Weight: _____Temp: _____Heart Rate/Pulse: _____Respiratory Rate: _____MM/CRT: _____

ALERT: _____

Reason for visit: _____

Additional concerns: _____

_____

Procedures to be performed: _____

Fleas: To prevent flea infestation of the hospital and its' patients, all hospitalized pets are carefully examined for any evidence of fleas. Our hospital policy states that if any fleas are detected, a single dose of either oral or topical flea treatment will be given at the cost of up to $25. This policy protects your pet as well as others.

Rabies Vaccination: All pets must be current on their Rabies vaccination; it is Florida State Law. If at the time of the scheduled appointment your pet is not current on his/her Rabies vaccinations, the past due vaccination will be administered at your expense.

Sedation: I hereby authorize my pet to be sedated for a procedure(s). The nature of this service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that if I have specified that the doctor must contact me for verbal authorization of services listed above and I am not available by phone while my pet is under anesthesia, that my pet will not receive those treatments today and I must reschedule the procedure(s) at additional cost.

Consent for Sedation Owners Signature: _____

CPR: There are risks associated regardless of the age of the patient or the procedure performed. If an adverse event occurs, I understand that this will be an additional cost to the estimate that was provided to me. Cardio-Pulmonary Resuscitation (**CPR**) Do Not Resuscitate (**DNR**)

Check One: ☐ **CPR** ☐ **DNR** Owner Initials: _____

Has your pet been fasted overnight? ☐ Yes ☐ No If not, when & how much? _____

Do you authorize us to perform additional diagnostics? ☐ Yes, at Dr.'s discretion ☐ Yes, call if it exceeds $_____
☐ No, call me first

Best contact number: _____ Second contact number: _____

Signature: _____ Date: _____