



Date: _____

Client Information

Owner First Name _____ Owner Last Name _____

Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____

Email _____ **Owner's Date of Birth:** _____

Please select one: **Community Member, lives on SRPMIC** Community Member, does NOT live on SRPMIC

SRPMIC Employee Non-community member

Physical Home Address

Street City State AZ Zip

Mailing Address (only complete if Mailing address is different than home address)

Street City State AZ Zip

Would you to be on our mailing list and get information about our upcoming events? Yes Not at this time

If yes, what method? Email Phone Other: _____

Including those brought today, how many animals are in your household? Dogs ____ Cats ____

Before today, how many of the animals in the household were spayed/neutered? Dogs ____ Cats ____

Number of adults in your household? _____

Number of kids in your household? _____

Consent

I am a person over eighteen years of age and the legal owner/guardian of the animal(s) listed on this form. I hereby authorize the mobile clinic, in association with The NAGI Foundation, to administer vaccinations and/or additional procedures deemed necessary, as determined by medical evaluation, on all animals listed on this form. I understand that the physical examination received by my animal is a basic one, and is not intended to detect all illnesses or injuries that may be present. Nail trimming services are a voluntary opportunity provided at NAGI Foundation Clinics. I agree that my pet is healthy enough, both mentally and physically, to receive grooming services. I agree to release any person providing nail trimming services to my pet from any loss or liability in the event that my pet is injured during care. I realize that there are inherent risks to any medical procedure that can include death and these risks have been explained to me. I agree to indemnify The NAGI Foundation, its volunteers and staff, and persons providing medical or grooming services from any loss or liability. I agree to allow The NAGI Foundation, and associated medical partners ,to use any photographs or video taken during events for the purposes of, but not limited to, printed materials such as brochures, newsletters, and fliers, and digital images/videos for use on the associated website.

Signature - Please Sign on this line

Date

Please list the names of all the animals from your household at this event today:

Nagi Reviewer - Volunteer Initials: _____



HEALTHY TAILS MOBILE VETERINARY CLINIC

1311 W Hatcher Rd. Phoenix, AZ 85021

602-997-7585 ext. 1045

CONSENT FOR CARE

I, _____, legal owner of _____, give the Healthy Tails Veterinary Clinic, its Veterinarians, employees, volunteers, representatives, or agents authorization to receive, prescribe for, treat, operate on, vaccinate and/or perform diagnostic tests to said animal(s). I am at least 18 years of age. I understand and acknowledge that the Healthy Tails Veterinary Clinic uses modern techniques and trained staff in the care of my animal(s) and that reasonable precautions are used to prevent injury, escape, or destruction of said animal(s).

I acknowledge that my animal has no known medical conditions, including pregnancy, that should prevent him/her from receiving a vaccination today. I understand that the physical examination the veterinarian will conduct on my animal today is to determine the suitability of administering vaccinations today. This exam is not meant to replace the recommended yearly exam of my pet by my personal veterinarian. The veterinarian cannot address medical issues unrelated to the administration of vaccines at this time.

To my knowledge, my animal has not previously had an adverse reaction to a vaccine or medication. I understand and acknowledge that an adverse reaction to the vaccine may occur that may require medical intervention by the site veterinarian. If further medical treatment is indicated, I acknowledge that I am responsible for transporting my animal to a private veterinary clinic. I agree to pay all reasonable charges on procedures authorized by the attending veterinarian to maintain a reasonable quality of life for my animal. I understand and acknowledge that, in the professional opinion of the attending veterinarian may refuse to perform any procedure on my animal(s) that may reduce or terminate the quality of life of my animal(s).

I agree on behalf of myself, other agents and successors, personal representatives and executors, to indemnify and hold harmless Healthy Tails Veterinary Clinic, its officers, employees, and agents from all losses, suits, damages, or costs arising from the care, treatment, transport, and surgery of my animal(s) including, but not limited to personal injury, damage to property, pets, or costs and fees incurred in the health and care of my animal(s).

I understand that it is recommended that all cats be tested for Feline Leukemia Virus and FIV. I understand that if my cat is already infected with one of these diseases, the vaccination he/she receives today is not a treatment or cure for any pre-existing condition.

Vaccine reactions, although rare, can sometimes occur. The protection against disease that vaccines provide far outweighs the potential risks associated with vaccination. You should consider scheduling your pet's vaccinations for a time when you can spend several hours with your pet following vaccination. By being able to observe your pet during this time period, you would be able to contact a veterinarian if complications arise. Your pet may be slightly lethargic, have a decreased appetite, scratch at the injection site, and/or run a slight fever for the first 24-72 hours after receiving vaccines.

Rarely, a more serious reaction can occur. Symptoms of a more severe vaccine reaction may include: 1. Severe and prolonged salivation, vomiting and/or diarrhea. 2. Skin hives, facial swelling, etc.

These more serious vaccine reactions usually occur within a matter of minutes to a few hours following vaccination. If any of these occur, your pet needs to be seen by a veterinarian as quickly as possible, as these symptoms can progress to trouble breathing and heart trouble, and can be life-threatening. With veterinary attention, these side effects can usually be reversed. Make sure to advise your veterinarian if your pet has experienced a vaccine reaction in the past, as there are precautions that can be taken to minimize the risk of future reactions.

A fairly common finding after receiving a vaccine can be a small, marble-sized mass at the injection site. This is most commonly seen in association with rabies vaccines but can occur after any injection. As long as there is no overt pain or discharge, this side effect is not considered dangerous. This lump can sometimes persist for up to 3 months. If it is painful, has a discharge, gets bigger than a large marble or lasts longer than 3 months, please call your veterinarian to schedule an appointment to have the lump examined. If you are concerned about your pet's reaction to its vaccination, please call the clinic that you visited. If it is after hours, we have limited veterinary coverage, so please call an emergency animal clinic or take your pet to the closest open veterinary clinic.

I have fully read, understand, and agree to these conditions.

Signature: _____ Date: _____

Patient History and Services Request

Owner Last Name: _____

Animal Information

Animal Name _____

This animal is a: Dog Cat Rabbit

This animal is: Female Male

Has this animal been spayed or neutered yet? Yes No

How old is this animal? Age _____ wks / yrs / mths Unknown age

Breed _____ Color _____

Medical History

Has this animal ever been to the vet before? Yes No **If a Nagi clinic, when?** _____

Has this animal ever had vaccines? Yes No **If yes, did the animal have a reaction?** Yes No

Which vaccines? Rabies Core vaccine (DHPP or FVRCP) Other _____

Any recent signs of illness? Sneezing, coughing or eye/nose discharge Vomiting Diarrhea No

Any recent changes? Weight Activity Eating Drinking Other _____ No

If the animal is female, has she ever had babies? Yes No **If yes, how many litters?** _____ N/A

Where is the animal housed? Mostly indoors Mostly Outdoors Both indoors and out



How did you acquire your pet? Stray Friend/relative Shelter Own pet's litter Breeder

Saw animal dumped On-line ad (Craigs List) Other: _____

Is the animal on any current Medications, including supplements and home remedies?

Is there anything in this animal's history important for us to know? Past injuries, surgeries, etc?

Do you have any current concerns you want us to check out for this animal today?

 STOP HERE  NAGI & VET TEAM TO COMPLETE

Thank you for filling out your information! You can stop here and return the packet to a volunteer. Please allow the Nagi & Veterinary Team to complete the remaining pages.

Services – to be completed by Nagi team

Yes No **Exam**

Yes No **Core vaccine** (DHPP or FVRCP)

Yes No **Bordetella** (Kennel Cough – Dogs Only)

Yes No **FelV** (Cats Only)

Yes No **Rabies vaccine** (*Rabies Certificate will come from Environmental Services*)

Yes No **Microchip**

Requested If Vet Deems Necessary Upon Exam:

Yes No **Dewormer** Yes No **Heartworm Test or Prevention**

Yes No **Tick born diseases test or treatment** Seresto Collar Topical Other: _____

Yes No **Test for FIV or Feline Leukemia** (Cats Only)

Yes No **Medical Visit** for: _____

Yes No **Nagi Team Nail Trim** (if time allows)



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Client # _____

Date: _____

MEDICAL NOTE

TO BE COMPLETED BY MEDICAL STAFF ONLY

Patient Name _____ Owner Name _____

Medical History:

_____ Weight (lb) _____ Temp _____ Pulse _____ RR _____ MM/CRT _____ BCS

1. GENERAL APPEARANCE	2. ORAL CAVITY/TEETH	3. MUCOUS MEMBRANE	4. EYES
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam
5. EARS	6. HEART	7. RESPIRATORY	8. ABDOMEN
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam
9. MUSCULO-SKELETAL	10. LYMPH NODES	11. GENITOURINARY	12. INTEGUMENTARY
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> No exam

Assessment:

WNL and okay to vaccinate

Plan:

See reverse side for routine care plan

- Recommend dental
- Recommend weight loss
- Recommend sterilization
- Recommend nail trim



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Date: _____

- Other _____
- Schirmer Tear Test _____
- Ear Cytology _____
- Flourescein Stain _____
- Tonometry Test _____

- Wound Clip & Clean _____
- 4Dx Snap Test _____
- Feline Triple Test _____

Vaccinations

- DA2PP (R front shoulder)
- Bordetella (Intranasal)
- FVRCP (R front shoulder)
- FeIV (L rear leg)
- Rabies (R rear leg)
- Microchip

Flea/tick Prevention

- Advantix _____
- Nexgard _____
- Frontline _____
- Frontline Dogs 89-132lbs

Heartworm Prevention

- Heartgard 0-25lbs
- Heartgard 26-50lbs
- Heartgard 51-100lbs
- Milbegard _____

Dewormer

- Dewormer (Pyrantel 50mg/ml)

Dose: _____ PO by _____

MICROCHIP STICKER

PLACE VACCINE STICKERS HERE

Additional Notes:

[Empty box for additional notes]

Veterinarian Signature: _____



Healthy Tails Discharges

Pet Information

Name

Breed

Color/Markings

Age ___ Y ___ M Estimated Age Exact Age

VACCINATIONS RECEIVED

- Distemper/ Parvo Vaccine
- Kennel Cough Vaccine
- Rabies Vaccine
- FVRCP
- FeLV

MICROCHIP

- Microchip

TESTING

- Test for heartworm/tick born disease
- Test for feline leukemia, heartworm, and FIV

My Pet Was Diagnosed With/Suspected of Having:

- Ehrlichiosis
- Anaplasmosis
- Canine Parvovirus
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Species: Dog Cat

Sex: Male Female

Spayed/Neutered: Yes No

VACCINES NEXT DUE

- Distemper/ Parvo Vaccine:
 - 3 weeks: INSERT DATE
 - 1 year: INSERT DATE
 - 3 year: INSERT DATE
- Kennel Cough Vaccine: INSERT DATE
- Rabies Vaccine: INSERT DATE
 - 1 year: INSERT DATE
 - 3 year: INSERT DATE
- FVRCP:
 - 3 weeks: INSERT DATE
 - 1 year: INSERT DATE
- FeLV:
 - 3 weeks: INSERT DATE
 - 1 year: INSERT DATE

PREVENTATIVES

- Flea/tick Prevention
- Heartworm Prevention
- Dewormer (Pyrantel)

My Pet Went Home With:

- Flea & Tick Prevention
- Heartworm Prevention
- Medication: _____
- Medication: _____
- Medication: _____

Additional notes:

Doctor Signature: _____ Date: _____