**BREVARD AID TO ANIMALS**

**ANIMAL RECORD**

**OWNERS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL (**reminders only)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PROVIDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(For optional text alerts**)**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANIMALS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CAT\_\_\_\_\_\_\_DOG\_\_\_\_\_\_\_BREED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MALE\_\_\_\_\_\_ NEUTERED\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OR APROX. AGE**

**FEMALE\_\_\_\_\_ SPAYED\_\_\_\_\_\_**

**ALERTS: MUZZLE\_\_\_\_\_\_SEIZURES\_\_\_\_\_ALLERGIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VACCINE ALLERGIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MICROCHIP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

--------------------------------STAFF USE ONLY DO NOT WRITE BELOW THIS LINE------------------------------------

***DATE TREATMENT & PROGRESS***

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I certify that I have full authority to authorize the surgery/treatment for the pet described. I understand the nature and risks involved and will not hold Brevard Aid To Animals or the veterinarian in charge liable for the results customarily attendant to these procedures.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_