

Morning Starr Animal Sanctuary, Inc.

257 Justin Dr., Suite A, Cottonwood, AZ 86326 Phone 928-821-2421

REGISTRATION AND CONSENT FORM

(Please Print)

Today's Date ____/____/____		Veterinarian _____	
OWNER INFORMATION			
Owner's Name Last _____ First _____		Mr. _____ Miss _____ Mrs. _____ Ms. _____	Are you a Rescue Organization? Yes _____ No _____ Name of Organization: _____
Street Address _____		Cell Phone # _____ ()	Home Phone # _____ ()
P O Box _____	City _____	State _____	Zip Code _____
How did you hear about us? Family _____ Friend _____ Newspaper _____ Other _____			
PATIENT INFORMATION (PLEASE GIVE ANY RECORDS TO THE RECEPTIONIST)			
Patient Name: _____ ____M ____ Canine Age: Years ____ Months ____ ____F ____ Feline Age: Years ____ Months ____		Breed: _____	Physical Description & Markings _____
Any Previous Medical Problems? Yes _____ No _____		Describe any Medical Problem _____	
Previous Vaccines? ____None ____Rabies ____Distemper ____Parvovirus ____Rhino (Feline) Other-please explain _____			Heartworm Prevention Yes _____ No _____
Is your pet currently on any Medications Yes _____ No _____ Please Describe: _____			
IN CASE OF EMERGENCY			
Name _____		Relationship to Owner _____	Home# () _____ Work # () _____
Standard Consent Information			
<p>I am the owner or the agent for the above animal and have the authority to execute this consent. The above information is true to the best of my knowledge. I authorize and direct Morning Starr Animal Sanctuary, Inc. and its veterinarians and other volunteers to spay/neuter/treat my (or the above mentioned) pet. The nature of these procedures has been explained to me and no guarantee has been implied or made as to the results or cure. I understand that unforeseen conditions may be revealed that may necessitate an extension of the foregoing procedure(s) or operation(s) other than those set forth on the spay/neuter/vaccination/other services form. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.</p> <p>I also authorize the use of appropriate anesthetics, and other medications, and I understand that Clinic support personnel will be employed as deemed necessary by the veterinarian.</p> <p>I have been advised of the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.</p> <p>I have read and understand this authorization and consent.</p>			
_____ Date	_____ Signature of Owner/Agent	_____ Witness to Owner/Agent Signature	