



AFRP

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ANIMAL FRIENDS RESCUE PROJECT

Spay/Neuter Surgery Check-In Form

Office Use animal ID # _____

Owner Information:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Best Number in case of Emergency: _____ Email: _____

Pet Information:

Name: _____ Sex: M F Age: _____ Color: _____

Date of last FVRCP vaccine: _____ Date of last Rabies _____

To your knowledge is your pet: Pregnant In Heat Overweight Lactating

1. What illnesses has your animal had in the past? Coughing Sneezing Vomiting Diarrhea

Not eating/drinking Other _____

2. Does your animal have any of the above problems now? No Yes _____

3. Has your animal had any serious injuries in the past? (Broken bone, hit by car) No Yes _____

4. Has your animal ever had any surgery, seizures(epileptic fit), abnormal bleeding, fainting or bruising?

No Yes _____

5. Has your animal ever had an allergic reaction to an insect bite, vaccine, anesthesia, or medication?

No Yes _____

6. Is your animal taking any medication? (antibiotics, allergy meds etc) No Yes _____

7. Has your animal ever had any kidney, liver or heart problems? No Yes _____

8. Does your animal currently have fleas or ticks? No Yes Been treated with flea treatment? No Yes

9. Is your animal friendly? Yes No

10. Has your animal been to a veterinary facility before? Yes – Vaccine clinic only Yes Veterinary Hospital No

11. How long have you had your cat? _____

12. When was your cats last meal? (includes treats, scraps etc...) _____

13. Females only - Has your animal had a litter before? No Yes How many kittens? _____

14. Has your animal bitten anyone in the last 10 days? Yes No

Your animal will receive a pre-surgery examination, rabies vaccination if needed and nail trim(no charge)

Owner's Printed Name _____

Owner's Signature _____