

# South Side Animal Clinic

715 West Lions Club Drive, Hwy CC  
Rolla, MO 65401  
(573) 426-3647  
ssacrolla@yahoo.com

Client Name (owner): \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

What is the reason for your visit today? Please be detailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet a cat, dog, reptile, avian, rodent, other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Please circle:            Male            Female            Spayed/Neutered:    Yes    No

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color/Description: \_\_\_\_\_

\_\_\_\_\_

For female animals that have NOT been spayed, please describe heat cycle with length of last cycle: \_\_\_\_\_

\_\_\_\_\_

Most recent weight, if known: \_\_\_\_\_

Name, Number, and Email of Previous Veterinarian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please be advised, we will need previous veterinarian and specialist records emailed BEFORE your pet's appointment. This includes x-rays, lab work, date of last fecal testing with results and date of the last heartworm test.

Date of last fecal: \_\_\_\_\_ Please circle:          Negative          Positive

If positive, please list what was found: \_\_\_\_\_  
\_\_\_\_\_

Date of last heartworm tests: \_\_\_\_\_ Please circle:    Negative    Positive

Date of last Rabies vaccination: \_\_\_\_\_

Was this a 1-Year Vaccine or a 3-Year Vaccine? \_\_\_\_\_

Has your pet ever had a reaction to a vaccine? Please describe age at time of reaction and symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

How old was he/she when you acquired him/her? \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

Why did you choose him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our veterinarian, Dr. Wodohodsky, offers traditional veterinary medicine with holistic options here at South Side Animal Clinic. We strive to find the best possible treatments and care for every animal. Are there any holistic options you would like to discuss?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications with dosages and when they are given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please list any vitamins or supplements with dosages and when they are given: \_\_\_\_\_

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Please describe your pet's daily feeding schedule including amounts and treats: \_\_\_\_\_

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How well does your pet eat or drink? \_\_\_\_\_

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Date/location of last dental cleaning: \_\_\_\_\_

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Please list any dental issues: \_\_\_\_\_

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Please list any lameness issues (past and present): \_\_\_\_\_

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Please list any overt fears (general anxiety, fear of nail trimming, separation anxiety, etc.):

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What other animals share a home with this pet? \_\_\_\_\_

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Name, Species, Breed, Age, Color, and Description of the other pets in your home:

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Is there anything else we need to know about your pet? \_\_\_\_\_

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Do we need your permission to use picture(s) and/or video(s) or likeness of your pet? Uses may include and are not limited to Facebook or other social media posts, web postings, or advertising.

Please put your signature below next to yes or no:

**YES,** I \_\_\_\_\_ give South Side Animal Clinic permission to use any picture(s) and/or video(s) or likeness of my pet. By signing yes, I understand that there will be no form of compensation for use of those pictures and/or videos or likeness of my pet.

**NO,** I \_\_\_\_\_ do not give South Side Animal Clinic permission to use any picture(s) and/or video(s) or likeness of my pet.

We accept the following: Cash, Mastercard, Visa, Discover, American Express, and Care Credit.

A 3.75% CHARGE IS ADDED TO ANY CARD TRANSACTION

Payment is due when services are rendered.

**AUTHORIZATION:**

I am above the age of eighteen and hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I also agree to pay the balance on my account in full at the time services are rendered. I understand that if my pet(s) shows evidence of intestinal parasites, ticks, and/or fleas while in the clinic, they will be treated for that while hospitalized. I agree to pay for that treatment. I agree to allow restraint and/or a muzzle to be used if the veterinarian or staff deem it necessary. I agree to the core vaccinations and office visit that are required for clinic policy.

NOTICE: An office visit is \$65.00 and will be automatically charged to your account. Any treatments, therapies, or medications that are administered with the owner's consent will be charged in addition to the office visit. Should it become necessary to send your account to collections, you agree to be responsible for all costs, including all attorney fees associated with collection costs. Accounts over thirty days will be charged a late fee of \$25/month that will be paid in full when the account is settled.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## Vaccine Informed Consent

Vaccines are medical health agents that stimulate protective immune responses in pets that prepare them to fight against further infections resulting from exposure to disease-causing agents.

There is evidence that the immunity triggered by some vaccines may last beyond the one year mark in some pets. Conversely, the immunity triggered by some may fail to protect for the full year. The problem we unfortunately encounter is that we don't know beforehand which pet either of these two possibilities will occur in. To reduce the risk of over-vaccination, or vaccine failure, we do recommend Titer testing to see if immunity is present after vaccination. This test requires us to take a blood sample and submit it to the Diagnostic Veterinary Lab for evaluation.

Not all pets should be vaccinated with all available vaccines. "Core" vaccines are recommended for more healthy pets. "Non-core" vaccines depend on lifestyles of certain pets and should be administered appropriately. Any information that you can provide us about your pet's current or anticipated lifestyle will help us make decisions as to what "Non-core" vaccines might be appropriate for your pet.

Although most pets respond well to vaccination, there is some risk, as with any other medical procedure. The most common adverse responses are mild and abbreviated, including fever, sluggishness, and reduced appetite. Pets may also experience pain or subtle swelling at the injection site. Most adverse reactions will resolve themselves in a day or two. However, excessive or continuing pain, swelling, or listlessness should be reported to us.

Rarely, serious adverse responses can occur. Contact our clinic immediately if your pet has repetitive vomiting or diarrhea, whole body itching, hives, difficulty breathing, collapse or swelling of face or legs. Rare adverse reactions have also been suspected in causing injection site tumors and/or autoimmune dysfunction. These can occur in approximately one out of 40,000 to 50,000 vaccinations.

Since the risk of contracting the preventable disease is greater than the risk of any adverse effects, our clinic and its doctors follow the federally approved vaccine manufacturer's label guidelines. Your informed vaccine consent is now required.

**I have read and understand the above clinic's communication about the benefits and risks associated with vaccinating my pet(s). I give my consent to proceed with vaccinating my pet(s) and hold harmless the above named clinic, its officers and staff from any and all adverse reactions that may occur as a result.**

Printed Name (Owner or Agent): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Permission to Release Veterinary Records

I, \_\_\_\_\_, give my permission for release of my pet's records, including but not limited to vaccine records and/or history, to any inquiring vet clinic, boarding facility, or grooming facility.

I understand that my records are to be held confidentially until I, by signing this release, give permission to share those records.

Printed Name (Owner or Agent): \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## Social Media Release Form

I, \_\_\_\_\_, give my permission for any picture, video, or likeness of my pet(s) \_\_\_\_\_, to be used by South Side Animal Clinic. Uses may include but are not limited to Facebook or social media posts, website postings, or in advertising. I also understand that there will be no form of compensation for use of picture, video, or likeness of my pet.

Printed Name (Owner or Agent): \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## Credit Card Authorization Form (Optional)

I, \_\_\_\_\_, give South Side Animal Clinic the authorization to run the credit card I deem to leave on file, for billing purposes. I realize that payment is due in full at time of service, and that the owners and staff of SSAC are extending a special privilege for allowing me to use a card on file to pay the remainder of my bill after services are rendered.

By giving my authorization, I am stating that there are sufficient funds in the account relating to the card on file to cover the balance due when the card is run.

I understand that, by leaving this card on file, there will be an administration fee of \$25 assessed on the balance due should there be insufficient funds or the card is declined for any reason.

Credit Card Information				
<b>Card Type:</b>	Mastercard	Visa	Discover	Amex
	Other: _____			
<b>Cardholder Name</b> (as shown on card):				
<b>Card Number:</b>				
<b>Expiration Date</b> (mm/yy):			<b>CVV:</b>	
<b>Cardholder ZIP Code</b> (from card billing address):				

Printed Name (Owner or Agent): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_