

# Grand Montecito Animal Hospital

6325 Grand Montecito Pkwy \* Las Vegas, NV 89149

Phone 702- 656-1115 \* Fax 702-656-4147

www.GrandMontecitoVet.com

**Dr. Bruce Lewis**  
**Dr. Rosemary Stolzer**  
**Dr. Aaron M. Bivens**  
**Dr. Ambria Haddad**  
**Dr. Hillary Hammond**

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

Client ID#: \_\_\_\_\_

**Primary Owner:** \_\_\_\_\_

**Spouse/Secondary Owner:** \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

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

(We send vaccine reminders via emails as well as postcards.)

## PET INFORMATION

	<i>1st Pet</i>	<i>2nd Pet</i>	<i>3rd Pet</i>
Name			
Cat or Dog	Cat or Dog	Cat or Dog	Cat or Dog
Breed			
Color/Description			
Date of Birth/Age			
Male/Female *	F F/S M M/N	F F/S M M/N	F F/S M M/N
Time owned			
Diet (pet food)			

\* F - Female F/S - Spayed Female M - Male M/N - Neutered Male

May we request your pet's health records? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous/Alternate Veterinary Clinic:** \_\_\_\_\_

Does your pet have a microchip? Yes \_\_\_\_\_ No \_\_\_\_\_

If your pet is over 7 years old, have they had any Senior Wellness testing yet? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other information you feel we should know about your pet? \_\_\_\_\_

## How did you hear about our hospital? (Please Circle One)

Sign Yellow Pages Individual (Someone we may thank?) \_\_\_\_\_

Internet Postcard Facebook Website Other: \_\_\_\_\_

## ALL FEES ARE DUE AT TIME OF SERVICE

We accept Visa, MasterCard, Discover, American Express, Cash, Check, and ATM. Upon your request, we will be happy to provide you with a written estimate of fees for treatment, emergency care, surgery, or hospitalization. A deposit prior to treatment may be required depending on the amount of the estimate.

**Signature of Owner:** \_\_\_\_\_

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## Infectious Consent Form

Client Name: \_\_\_\_\_

File No. \_\_\_\_\_

Canine Influenza is a relatively new disease. All dogs are susceptible to infection, and no dogs are immune. Canine Influenza is an airborne disease but can also be spread if a dog is around a contaminated surface. Signs include: a cough that can last over a week, low grade fever, nasal discharge, and lack of energy as well as loss of appetite. Symptoms can progressively get worse and include: pneumonia, high fever and in serious case even death. A booster must be given 30 days after initial vaccine and then will be updated yearly. **Here at Grand Montecito Animal Hospital we highly recommend vaccinating your pet against Canine Influenza.**

Due to the increasing population in the Las Vegas area, we are finding an increased number of pets with internal parasites. **Certain parasites can be infectious to both animals and humans and are often without any clinical symptoms.** If your pet has a parasite, a simple fecal test can help determine the exact type of parasite present and establish a potential animal and human risk. We at Grand Montecito Animal Hospital recommend semi-annual fecal testing and monthly administration of an internal parasite preventative. If the fecal test is positive, additional medication or repeat de-worming may be necessary.

**Canine Influenza Vaccination (\$20 ea.)**

*\*Required for boarding, baths, and surgeries.*

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Fecal Diagnostic Testing (\$20)**

*\*Required for boarding and surgeries.*

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Heartworm Test (\$49)**

*Heartworm preventative (Varies)*

*\*An annual heartworm test is required for animals 6 months of age and older*

Accept \_\_\_\_\_

Decline \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner of the animal described above and have the authority to execute this consent. I have read and understand this authorization and consent.

I understand that in declining the above recommended testing and treatment, I release Grand Montecito Animal Hospital of all responsibility for any human and/or animal illness related to intestinal parasites as well as the Canine Influenza vaccination. I further understand that I assume financial responsibility for all services rendered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Photo Waiver

I, \_\_\_\_\_, allow Grand Montecito Animal Hospital to use my pet's likeness and waive my rights to ownership and compensation for any images posted on the internet.

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Pet Name(s)

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Description of pet being photographed

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Special Instructions

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Owner Signature

Date