

Veterinary Technology Care Application



Name: _____ Date: _____
Last First M.

Address: _____
Street Address Apartment/Unit

City State ZIP Code

Phone: _____ Email: _____

| Pet Information | | | | | | |
|-----------------|----------|-----|-------|--------------------------------|----------------------------------|-----------|
| Species | Pet Name | Age | Breed | Male/Female Neutered/Spayed | Last Vaccines (month/year) | Allergies |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Previous Veterinary Provider:

Additional Comments:

Date of Last Rabies:
 Date of Last Fel/K9 "Distemper":
 Date of Last Bordetella:

Approves vaccine? Y/N
 Approves vaccine? Y/N
 Approves vaccine? Y/N

Acknowledgment of Client Need and Patient Care

I certify that the information I have provided above is true and complete to the best of my knowledge.

I acknowledge that my pet will receive medically needed services performed by veterinary technology students of Sinclair Community College who are under the supervision of one or more licensed veterinarians. I understand that I will be presented with potential medical complications of any procedure to be performed and acknowledge that complications do occur.

I hereby hold harmless Sinclair Community College, and its employees, officers, agents, students, and affiliates harmless and indemnify them from any and all liability, loss, damages, costs, or expenses which may be sustained or incurred by me as a result of participation in this activity.

Pet Owner: _____ Date: _____

OPTIONAL Demographic Information:

Age: _____

Race/Ethnicity: Asian Black non-Hispanic Hispanic

White, non-Hispanic Mixed Race Other

Animal Care Requested

| Name of pet: | DVM Tasks | RVT Tasks | DVM/RVT Tasks |
|--------------|--|---|---|
| | <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Spay/Neuter (Anesthesia) |
| | <input type="checkbox"/> Rabies vaccine approval | <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Dental cleaning (Anesthesia) |
| | | <input type="checkbox"/> Nail Trim - | <input type="checkbox"/> Dental X-Rays (Anesthesia) |
| | | <input type="checkbox"/> Ear Cleaning/Diagnostics | |
| | | <input type="checkbox"/> Blood Chemistry Panel | |
| | | <input type="checkbox"/> Complete Blood Count | |
| | | <input type="checkbox"/> Core Vaccines | |
| | | <input type="checkbox"/> Deworming | |
| | | <input type="checkbox"/> Urinalysis | |
| | | <input type="checkbox"/> Flea/Tick Application | |
| | | <input type="checkbox"/> Fecal Exam | |

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FOR INTERNAL USE ONLY

If there is a charge for services and the individual asks about financial assistance, in order to waive any fee for any of the above tasks, a Sinclair employee must verify seeing one of the following:

- SNAP/EBT Benefit card
- MEDICAID Benefit card
- Sinclair Student Pell Grant – can be verified by Bursar or Financial Aid
- OTHER (please list) _____