

Veterinary Technology Care Application

Name:					Date:	
	Last		First	1	М.	
Address:						
	Street Address				Ap	oartment/Unit
	City				State ZL	P Code
Phone:				Email:		
			Pet Inf	ormation		
Species	Pet Name	Age	Breed	Male/Female	Last	Allergies
				Neutered/Spayed	Vaccines (month/year)	
					(

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:						_ D	ate:	
OPTIONAL Der	nographi	c Informa	tion:					
Age:								
Race/Ethnicity:	$\Box A$	sian		k non-H	ispanic	🗆 Hispan	ic	
D White, non-His	panic		ked Race		□ Other			
			Animal	Care R	equested			
Name of pet:	DVM	Tasks		RVT	Tasks		DVM/	RVT Tasks
-		Physical	Exam		Physical Exan	1		Spay/Neuter (Anesthesia)
		Rabies v approval			Anal Gland Expression			Dental cleaning (Anesthesia)
		approva						Dental X-Rays
					Ear			(Anesthesia)
						nostias		
					Cleaning/Diag Blood Chemis			
					Panel	uy		
					Complete Blog	bc		
					Count	Ju		
					a tr	5		
					Deworming			
					Flea/Tick			
					Application			
					Fecal Exam			

Completed information may be faxed to: 937-512-4869, emailed to vettech@sinclair.edu, or mailed to: Veterinary Technology, Sinclair College, 444 W. Third St. Rm 9217, Dayton, OH, 45402 Please call 937-512-2653 if you need assistance with this form.

	Anima	l Care Requested	
Name of pet:	DVM Tasks	RVT Tasks	DVM/RVT Tasks
	□ Physical Exam	□ Physical Exam	□ Spay/Neuter (Anesthesia)
	□ Rabies vaccine	\Box Anal Gland	□ Dental cleaning
	approval	Expression	(Anesthesia)
		🗆 Nail Trim -	□ Dental X-Rays (Anesthesia)
		\Box Ear	
		Cleaning/Diagnostics	
		Blood Chemistry	
		Panel	
		\Box Complete Blood	
		Count	
		□ Core Vaccines	
		□ Deworming	
		\Box Urinalysis	
		□ Flea/Tick	
		Application □ Fecal Exam	
Name of pet:	DVM Tasks	RVT Tasks	DVM/RVT Tasks
Name of pet:	DVM Tasks Physical Exam 	RVT Tasks Physical Exam 	□ Spay/Neuter
Name of pet:	□ Physical Exam	□ Physical Exam	□ Spay/Neuter (Anesthesia)
Name of pet:	Physical ExamRabies vaccine	Physical ExamAnal Gland	 Spay/Neuter (Anesthesia) Dental cleaning
Name of pet:	□ Physical Exam	 Physical Exam Anal Gland Expression 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia)
Name of pet:	Physical ExamRabies vaccine	Physical ExamAnal Gland	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 □ Physical Exam □ Anal Gland Expression □ Nail Trim - 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia)
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood Count 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood Count Core Vaccines 	 □ Spay/Neuter (Anesthesia) □ Dental cleaning (Anesthesia) □ Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood Count Core Vaccines Deworming 	 □ Spay/Neuter (Anesthesia) □ Dental cleaning (Anesthesia) □ Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood Count Core Vaccines Deworming Urinalysis 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood Count Core Vaccines Deworming Urinalysis Flea/Tick 	 □ Spay/Neuter (Anesthesia) □ Dental cleaning (Anesthesia) □ Dental X-Rays
Name of pet:	Physical ExamRabies vaccine	 Physical Exam Anal Gland Expression Nail Trim - Ear Cleaning/Diagnostics Blood Chemistry Panel Complete Blood Count Core Vaccines Deworming Urinalysis 	 Spay/Neuter (Anesthesia) Dental cleaning (Anesthesia) Dental X-Rays

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) _____