ANIMAL CANCER & IMAGING CENTER
STANDARD CONSENT & CLIENT INFORMATION FORM

Today'sDate:

CLIENT INFORMATION

Owner's Last Name First Middle Spouse

Street Address	City	State	Zip

Home phone	Work phone	Cell phone
( )	( )	( )

Referring Vet: Clinic Name:

If you would like your discharge letters e-mailed to you please provide your e-mail:

PATIENT INFORMATION

Pets Name: Species: Breed Color

Spayed or Neutered? Yes No Birth date Sex:

Treatment Authorization and Information/Photo release

I Hereby authorize ACIC to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and assistants.

If you were referred to our clinic by another hospital or veterinarian, they will require a summary of your pet's care and treatment in order for your pet's care to continue without interruptions. ACIC considers that your identification of a referring veterinarian implies your authorization to release records and information to that referring veterinarian.

Information and/or photos may be used in teaching, forms, continuing education, Web site, veterinary literature, and the like. I authorize the release of case/patient information for such purposes; patient confidentially (names withheld) will be maintained.

Financial Policy

Payment is due as services are rendered. You may pay by cash, personal check, and accepted credit cards. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory. There is a $15.00 returned check fee.

Authorization

I am the owner of the above pet, or am acting as the agent for the owner, and accept full financial responsibility.

Signature_____ _____Date_____

ACIC

ANIMAL CANCER & IMAGING CENTER **MEDICAL HISTORY**

Where did you obtain your pet?
How long have you owned your pet?
Where is your pet housed? Indoors ☐ outdoors ☐ both ☐
Purpose of animal? Pet☐ Show ☐ Sport ☐ Guard ☐
For intact females: when, approximately, was your pet's last heat cycle?
For neutered/spayed pets: When, approximately was the surgery performed?
What is your pet's current diet?
Does your pet have contact with other animals?
Has your pet ever traveled outside of Southeastern Michigan?
What medications is your pet currently receiving?
Has your pet had any bad reactions to medication?
What illnesses, injuries or surgeries has your pet had prior to this problem?
Is your pet currently coughing or sneezing?
Has there been any change in your pet's willingness to play or exercise?
Is your pet currently vomiting?
Has there been a recent change in your pet's appetite?
Has your pet lost or gained weight recently?
Has there been any recent change in your pet's bowel movements?
Has there been any change in your pet's urinary habits?
Have you noticed a change in the amount of water your pet drinks?
Other comments:

Thank you. A thorough medical history is essential if proper therapy is to be administered to your pet.