



## **Twin Forks Clinic**



151 Badger st.  
Wray, CO 80758  
970-332-3116

70342 Hwy 61  
Benkelman, NE 69021  
308-423-2895

Owner (include agent if owner not present): \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Patient Name \_\_\_\_\_

### **Primary Complaint(s):**

- Vomiting  Diarrhea  Coughing  Sneezing  Blood in Stool  Painful
- Laceration  Bite Wound  Unable to Urinate  Bloody Urine  Lethargic
- Ear Problem  Eye Problem  Abnormal Behavior  Losing Weight
- Not Eating
- Other \_\_\_\_\_

**Specify Complaint(s):** \_\_\_\_\_

**Duration of Condition (s) and Current Treatment(s)** \_\_\_\_\_

### **Anticipated Services:**

- Physical Exam  Rabies  Distemper Combo  Rabies  Felv  Fiv
- X-rays  Chem Level 1  Chem Level 4  PCV/TP  Heartworm Test
- Ear Cytology  Skin Scraping  Tranquilization  Felv/Fiv Test
- Other \_\_\_\_\_

### **Consent for Treatment:**

I (owner/agent) of the animal described above give my permission to perform the procedure(s) deemed necessary by the veterinarians of Twin Forks Clinic. I realize that there are risks involved with medications and anesthesia given to my pet. I agree to pay in full for the services rendered by the veterinarians at Twin Forks Clinic. I have read and understand this consent.

\_\_\_\_\_  
Signature of owner or agent / Date