



Twin Forks Clinic

P.O. Box 363
151 Badger St.
Wray, Co 80758
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Fax: 1-866-423 - 5922

P.O. Box 449
70342 Highway 61
Benkelman, NE 69021
Phone: (308) 423-2895
Fax: 1-866-423 - 5922

Michael Downey DVM Rodney Auffet DVM Justin Gdanitz DVM

Date: _____

Owner (include agent if owner not present): _____

Address: _____

Phone Number: _____ Cell Number: _____

Species: _____ Sex: _____ Breed: _____

Patient Name _____ Age: _____

Time Owner Plans to Pick-Up Patient: _____

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 Distemper Combo Rabies Felv Fiv HWP
- X-rays Chem Level 1 Chem Level 4 PCV/TP Heartworm Test
- Ear Cytology Skin Scraping Tranquilization Felv/Fiv Test
- Flea and tick Prevention Microchip
- Deworm: Owner seeing worms? _____
- 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 _____