|  |
| --- |
| **Client Information** |
| Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Mobile Phone | ()  | Email |  |
| Alternate Contact Phone |  ( )  |
|  |  |  |  |
| **General Practitioner’s Information**  |
| Doctor’s Name |       |
| Practice Name |       |
| City |       |
|  |
| **Patient Information** |
| Name  |       |
| Current Medications |  |
| Does       have a microchip? | [ ]  No | [ ]  Yes |
| Is there any known metal in      ?  | [ ]  No | [ ]  Yes |
| If yes, please explain. |  |
| Have you received the Client Protocol and Consent Forms (CPR/DNR)? | [ ]  Yes | [ ]  No |
| Has       eaten since 10 pm last night? | [ ]  Yes | [ ]  No |
| **Note:**        will be shaved on the leg for an IV catheter in preparation for the scan. |

AnimalScan-Redwood City ⬧ 934 Charter Street ⬧ Redwood City, CA 94063-1709

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