

LIVE ANIMAL CASE RECORD

Case No.: _____
Date admitted: _____
Date discharged: _____

Owner: _____

Address: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Bill to: **Owner ID #** **Vet ID #**

Referring veterinarian: _____

Address: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Species: _____ **Breed:** _____ **ID #:** _____ **Sex:** _____ **Age:** _____

No. sick: _____ **No. dead:** _____ **No at risk:** _____ **Length of present outbreak:** _____

Estimate for services discussed with owner \$ _____ **Charges above this estimate will be billed to owner.**
Bill not to exceed \$ _____ **Paid at time of service \$** _____

HISTORY:

TENTATIVE DIAGNOSIS:

SUMMARY OF CASE WHILE AT CVTC: *(continue report on back if needed)*

FINAL DIAGNOSIS:

Clinician on Duty: _____

I hereby certify and authorize permission to qualified employees of the Caine Veterinary Teaching Center to perform the therapeutic, anesthetic, and/or surgical procedures necessary to correct the pathologic condition of my animal. If this is an elective procedure on a normal animal (dehorning, castration, etc.), I am aware of risks of anesthesia and am willing to accept these risks in order to have the procedure performed. The owner of said animal realizes that this Center is a teaching hospital for veterinary students, and that these supervised students will participate in the aforementioned procedure.

Signature of owner or agent _____

Insurance Company (If insured) _____

Preliminary Report Sent to: **Veterinarian Notified:** **Date** _____ **Owner Notified** **Date** _____