



**Castillo Animal Veterinary**

10316 Sepulveda Blvd. #117 Mission Hills CA 91345

(213) 732-2683

castilloanimalvc@gmail.com

## Surgery Application Form (1/5)

Please tell us more about you so we can send you a link to pay a \$77 deposit to secure your appointment.

Name:

Email:

Phone Number:

Street:

Apt. / Floor No.:

City:

State:

1. Please describe the origin of your companion animal(s), e.g., adopted from shelter, rescued from the street, etc.

2. How many animals are you needing services for? Please describe briefly your companion animal(s) as follows: Name, Species, Breed, Sex, Age, and Color.

3. What surgical services are you interested in booking? (Spay/neuter surgeries, dental cleanings under anesthesia, other soft tissue surgeries)

4. Is there a parking space available near your location/home for a 26 ft truck?

I understand that completing the following steps is essential to secure my appointment after submitting my application and paying the \$77 deposit:

- 1) Fill out the Anesthesia/Surgery/Bloodwork Consent Form.
- 2) Completing the Surgery Patient Registration Form for my cherished animal companion.

We appreciate your selection and entrusting us with the care of your animal companion.

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Name/Signature/Date