



Owner _____
 Address: _____
 City: _____
 Phone: _____

Patient: _____
 Sex: _____ Age: _____
 Species: _____
 Color: _____ Weight: _____ Temp: _____
 HR: _____ RR: _____

Pet History

Cat:	Circle One		Dog	Circle One	
	Current	Update		Current	Update
Rabies	Current	Update	Rabies	Current	Update
FVRCP	Current	Update	DHLPPC	Current	Update
FeLV	Current	Update	Bordatella	Current	Update

Procedure to be performed: _____

Is your pet on Heartworm preventative? Yes [] No [] Did your pet eat this morning? Yes [] No []
 Is your pet allergic to any drugs? Yes [] No [] If yes, please list: _____
 Has your pet had any history of seizures and/or any previous anesthetic problems? Yes [] No []
 Is your pet currently on any medications? _____
 Is your pet in heat or pregnant? Yes [] No [] Cryptorchid? Yes [] No []
 Does your pet have retained deciduous teeth? Yes [] No []

Elective Procedures to be done at the same time:

- [] HomeAgain Microchip identification implant \$ 49.99
- [] Ear Cleaning \$ 14.00
- [] Heartworm Test \$ _____

Owner authorization and release:

I [] do [] do not authorize the recommended **PRE ANESTHETIC BLOOD SCREENING** at a cost of \$ _____
 I [] do [] do not request the **OPTIONAL ADDITIONAL PAIN MEDICATION** at the time my pet is discharged from the hospital at a cost of \$ _____. This is additional pain medication to make my pet more comfortable at home for the next 24-72 hours.

The nature and purpose of these procedures and treatments and available alternative treatments have been explained to me. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I understand that I will be held financially responsible for any veterinary medical care necessitated by these complications. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event that complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I consent to the administration of sedatives, analgesics, and anesthetic agents as deemed appropriate by the veterinarian in charge. I agree to pay for services rendered. **I have read the foregoing, understand what it says, and agree.**

Signature: _____
 Owner/Agent

Date: _____

EMERGENCY PHONE NUMBER: _____