



NORTHSIDE VETERINARY HOSPITAL

Owner:
Address:
City:
Phone:
Pet History

Patient:
Sex : Age:
Species:
Color:
Weight:___Temp:___RR:___HR:___ (clinic use only)

Surgery check-in					
Cat:	Circle One		Dog:	Circle One	
Rabies 1yr/3yr	Current	Update	Rabies 1yr/3yr	Current	Update
FVRCP	Current	Update	DHLPP/Lepto	Current	Update
FelV	Current	Update	Bordetella	Current	Update
Flea/tick Prevention	Current	Update	Flea/tick Prevention	Current	Update
FELV/FIV/HWT	Current	Update	4DX Heartworm Test	Current	Update
			Canine Influenza	Current	Update

Procedure to be performed: _____

Did your pet eat this morning? Yes [] No []

Does your pet have drug/vaccine reaction? Yes [] No [] If yes, please list: _____

Does your pet have pet insurance? 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 []

Is your pet on Heartworm preventative? Yes [] No []

If yes, what prevention is your pet on? _____ Date last given: _____

Owner authorization and release:

I [] do [] do not authorize the recommended **E-COLLAR** to prevent your pet from licking at incision site at the cost of **\$17.50**

I [] do [] do not authorize **Pet Link Microchip** identification implant **\$39.99**

I [] do [] do not authorize **Anal Glands** at the cost of **\$17.00**

I [] do [] do not authorize **Ear Pluck/Ear Cleaning** at the cost of **\$16.00/\$18.00**

All patients must have current PRE-ANESTHETIC blood screening prior to anesthesia per Doctor recommendations.

If your pet comes in with FLEAS we will administer treatment at the cost of \$10.00

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 involve 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: _____

Date: _____

Owner/Agent

Who will be picking patient up: _____ Phone Number _____

Would you prefer updates via phone call or text message? CALL TEXT