



Client ID: _____

Date: _____

Surgical and Procedural Consent

Owner Information:

Last Name: _____ First Name: _____ MI: _____

IMPORTANT

If you, the owner, are not present during an exam, treatment, procedure or surgery it is very important that we have a current phone number in order to reach you at ANYTIME during such treatments, procedures or surgeries. Please update this information regularly to avoid miscommunication.

*****Please check the box next to the number that you can be reached at ANY GIVEN TIME.*****

Home Phone: _____ Cell Phone: _____

Street Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip Code: _____

Postal Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____

We at Petsvet understand that it may be difficult to personally bring your pet to their appointment. Therefore, we would like the names of any spouse, nurse, caregiver, or friend that may initiate treatment on your behalf. Leave these blank if not applicable.

Last Name: _____ First Name: _____ Relation: _____

Last Name: _____ First Name: _____ Relation: _____

In an attempt to continue our move toward going paperless, we are starting to integrate email addresses into our client information. This email will not be used for SPAM email; however, it could be a tool to deliver reminders for vaccinations or to transfer documents and records to the client.

Please enter your email address in the space provided: _____

Animal Information:

Name: _____ Species: _____

Breed: _____ Color: _____

Birthday: _____ Age: _____ Sex: _____ Spayed/Neutered: Yes No

If your female pet is not spayed, when was her last heat cycle? _____

Medical History:

If you are visiting this office for the first time, it is important that we receive all prior, and appropriate medical history for your pet. This information could provide useful information in order to properly treat your animal. It is recommended you contact your previous veterinarian and have this information faxed or emailed to our office.

Our office fax number is: (623) 974-4775. Our email is staff@petsvet.net for records only.

Has your pet been seen by another Veterinarian? Yes No

May we contact your previous Veterinarian on your behalf to request records for your pet? Yes No

Please initial: _____

Previous Veterinarian's Name: _____ Phone: _____

Date of last physical exam: _____ Date of last dental exam: _____

Medical History cont.

Has your pet had any reactions to medications and vaccines or had any complications with anesthesia? Yes No

If yes, please list medications. _____

Is your pet on any heartworm preventative? Yes No

What brand is the heart worm preventative? _____

Is any other pet in your household sick? Yes No

What is their chief complaint? _____

Has your pet had any of the following symptoms?

Coughing? Yes No How long has this occurred? _____

Sneezing? Yes No How long has this occurred? _____

Vomiting? Yes No How long has this occurred? _____

Diarrhea? Yes No How long has this occurred? _____

Appetite normal? Yes No How long has this occurred? _____

Drinking more/less water? Yes No How long has this occurred? _____

Urinating more/less? Yes No How long has this occurred? _____

Unusual weight loss or gain? Yes No How long has this occurred? _____

Listless? Yes No How long has this occurred? _____

Weakness? Yes No How long has this occurred? _____

Gagging? Yes No How long has this occurred? _____

Scratching/Licking? Yes No How long has this occurred? _____

Shaking head? Yes No How long has this occurred? _____

Limping? Yes No How long has this occurred? _____

Scotting? Yes No How long has this occurred? _____

Unusual Lumps or Bumps? Yes No How long has this occurred? _____

Bad Breath? Yes No How long has this occurred? _____

Unusual Discharge? Yes No How long has this occurred? _____

Behavioral changes? Yes No How long has this occurred? _____

History of seizures? Yes No How long has this occurred? _____

Date of most recent seizure? _____

Medications taken for seizures? _____

History of Diabetes? Yes No How long has this occurred? _____

Medications taken for Diabetes? _____

Additional Services:

While your pet is under anesthesia it may be beneficial to take care of additional services that we provide which may prove more difficult if the animal is awake. Please note that **Additional Fees Do Apply.**

<input type="checkbox"/> Anal Gland Expression	<input type="checkbox"/> Toe Nail Trim	<input type="checkbox"/> Muscle Testing	<input type="checkbox"/> Remove Dew Claws
<input type="checkbox"/> Teeth Cleaning/Extractions	<input type="checkbox"/> Umbilical Hernia Repair	<input type="checkbox"/> Sani-Shave	<input type="checkbox"/> Radiographs (X-Rays)
<input type="checkbox"/> Blood Tests	<input type="checkbox"/> Tear Duct Flush	<input type="checkbox"/> Ear Cleaning	<input type="checkbox"/> Microchip Placement

Please list any other services that you would like to have done: _____

