

Client ID:	
Date:	

		(623)	910-3242	
	Surgical and	Proce	edural Co	nsent
Owner Information:				
Last Name:		First	•••	MI:
have a current phone surgeries. Please upda		ou at <u>ANY</u> o avoid m	TIME durin scommunicati	
☐Home Phone:		C	ell Phone: _	
Street Address:				Apt/Unit#:
City:			State:	Zip Code:
Postal Address:				
City:			State:	Zip Code:
	nat it may be difficult to personally ber, or friend that may initiate treatme First			tment. Therefore, we would like the names of e blank if not applicable.
Last Name:	Name:			Relation:
Last Name:	First Name:			Relation:
	ur move toward going paperless, we	are starting	to integrate emai	l addresses into our client information. This vaccinations or to transfer documents and
Please enter your email add	lress in the space provided:			
Animal Information:				
Name:		Speci	es:	
Breed:		Color		
Birthday: If your female pet is not s	Age: Ser payed, when was her last heat cycl			ved/Neutered: Yes No
Medical History:				
If you are visiting this officinformation could provide veterinarian and have this i		ly treat you office.	r animal. It is rec	oppropriate medical history for your pet. This ommended you contact your previous
Has your pet been seen by May we contact your previ- request records for your pe	ous Veterinarian on your behalf to	_	□No	Please initial:
Previous Veterinarian's Na		Pho	<u> </u>	A ACHINE AIMEANA

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?							
If yes, please list medications.							
Is your pet on any heartworm prev	ventative?			□Yes	□No		
What brand is the heart worm pre-	ventative?						
Is any other pet in your household sick?							
What is their chief complaint?							
Has your pet had any of the following symptoms?							
Coughing?	□Yes	□No	How long has t	his occurred?			
Sneezing?	Yes	□No	How long has t	his occurred?			
Vomiting?	Yes	□No	How long has t	his occurred?			
Diarrhea?	□Yes	□No	How long has t	his occurred?			
Appetite normal?	□Yes	□No	How long has t	his occurred?			
Drinking more/less water?	Yes	□No	How long has t	his occurred?			
Urinating more/less?	□Yes	□No	How long has t	his occurred?			
Unusual weight loss or gain?	Yes	□No	How long has t	his occurred?			
Listless?	Yes	□No	How long has t	his occurred?			
Weakness?	Yes	□No	How long has t	his occurred?			
Gagging?	Yes	□No	How long has t	his occurred?			
Scratching/Licking?	Yes	□No	How long has t	his occurred?			
Shaking head?	Yes	□No	How long has t	his occurred?			
Limping?	Yes	□No	How long has t	his occurred?			
Scooting?	Yes	□No	How long has t	his occurred?			
Unusual Lumps or Bumps?	Yes	□No	How long has t	his occurred?			
Bad Breath?	Yes	□No	How long has t	his occurred?			
Unusual Discharge?	□Yes	□No	How long has t	his occurred?			
Behavioral changes?	Yes	□No	How long has t	his occurred?			
History of seizures?	Yes	□No	How long has t	his occurred?			
Date of most recent seizure?							
Medications taken for seizures?							
History of Diabetes?	Yes	□No	How long ha	s 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.							
Anal Gland Expression	☐Toe Nail Trin	Toe Nail Trim		Testing	Remove Dew Claws		
Teeth Cleaning/Extractions	Umbilical He	Umbilical Hernia Repair		ve	Radiographs (X-Rays)		
Blood Tests Tear Duct Flush			☐Ear Clea	ning	☐ Microchip Placement		
Please list any other services that you would like to have done:							

vaccination F	istory:						
be vaccinated for	need to pro the Rabies	ovide record Virus. Furth	of any prior vaccinations, alonermore, this clinic strongly representation must be taken to pre-	commends vaccin	ating agains	t the Distem	per Virus and Parvo Virus,
Dog				Cat			
Rabies:	□Yes	□No	Update today	Rabies	□Yes	□No	Update today
DA2PPV	Yes	□No	Update today	FVRCP	∐Yes	□No	Update today
Bordetella	Yes	□No	Update today	FVRC2PL	∐Yes	□No	Update today
I understand that state law requires the rabies vaccination for ALL dogs. I also understand that clinic policy requires the Distemper/Parvo vaccination (DA2PPV). (Initials)							
	tion at this t nal or perso	on while und	e the required vaccinations are the care of this veterinary of Please initial to the right	linic, I will provid	le proof of c	urrent rabies	vaccination within 24
Owner's Cons	sent and	Release:					
Procedure to be	performed	1?					
Do you consent to	o the placer	ment of an I	V (Intravenous) catheter and thems it necessary? (Additional c				
			□Yes □No]	Please initia	l to approve	e consent.
For Dogs							
leash AND be ke be hostile toward	pt near the people or o	owner at all other animal	aintain control of their pet at a times. It is also the responsibil s. If your animal should show d apply a muzzle to your anim	ity of the owner taggression toward	o give warni d other anima	ng to the sta	off at Petsvet if their pet may
For Cats and Sn	naller Anin	nals					
			transported within cage or car svet Animal Hospital to restrain	•			
liable for any pro I understand the owner, assum If I neglect to that my pet is aba I understand	that ANY particle that ANY particle full responsible up mandoned and the nature of such and	develop provoroblem that possibility for y pet within d are hereby of the proceed the transfer as t	sonable precaution against injuvided reasonable care and precedevelops with my pet while I the treatment expense involve 5 days of the date below and cauthorized to dispose of my polures/surgeries and the risks in the veterinarian deems advisabled.	autions are follow am absent will be d. do not notify the cet as the staff deer volved. I realize t	treated as se clinic within ms best and/o hat the result	een fit by the that time fra or necessary ts cannot be	e veterinarian and staff, and I me, the clinic may assume guaranteed. I hereby
***I am aware t	that this ho	spital is not	staffed 24 hours a day.			(Init	tials)
***I have read and understand this authorization and consent.					(Initials)		
***I understand that payment is due in full at the completion of service. (Initials)							
			ove stated animal and give th iintain general anesthesia and				
Print Name:						Date:	

.

тт•