

PLEASE FILL OUT IN ITS ENTIRETY. THANK YOU!

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the clinic to receive, prescribe, treat or operate on this animal.

Procedure(s): _____

Pre-Anesthetic/Wellness Panel (Bloodwork):

(We strongly recommend bloodwork prior to anesthetic procedures to detect any issue that may be contraindicated under anesthesia. We also recommend yearly bloodwork for any pet in their senior years to help screen for any issues they may be encountering at an early stage in order to catch diseases early.)

___ Yes, I want my pet to receive bloodwork.

___ No, I decline bloodwork and understand this will put my pet at an increased anesthetic risk.

YES NO I would like my pet to receive an injection for post-op nausea (recommended) at an additional charge.

YES NO I would like my pet to receive post-op laser therapy to help reduce pain and speed up healing time at an additional charge (not optional for declaw).

YES NO I would like my pet to receive an antibiotic injection that will last for a week after surgery to avoid oral medications at an additional charge.

YES NO I would like my pet to receive a 24 hour pain injection in addition to oral medications being sent home for pain and inflammation at an additional charge.

Annual Health Needs/ Requirements for Admission (MUST BE UP TO DATE ON ALL REQUIRED VACCINES):

___ Canine Annual: Preventative Health Exam, DA2PPvL, Bordetella, HWT, Rabies, & Fecal Exam

___ Feline Annual: Preventative Health Exam, FVRCP, FeLV, Fecal Exam, Rabies, & FELV/FIV Test

___ I wish to waive an exam and recommended yearly diagnostics and receive vaccinations only for my pet. **I understand without being examined for any health issues, my pet may be at risk for vaccination injury.**

___ My pet is UP TO DATE (If not done here, what veterinary clinic can we contact to get current records?)

All pets will be examined for external parasites (fleas/ticks) and will be treated appropriately if any parasites are noted. I understand & agree that my account will be charged for administered treatment. YES NO

Items left with pet:

Medication/feeding instructions:

Is your pet having any problems the veterinarian needs to address during your pets stay with us?

What brand of food does your pet eat at home? _____

Dry Canned Both

What preventatives/meds (heartworm/flea/tick/etc.) is your pet currently on?

Frequently Requested Kennel Services (Additional Charges Apply):

YES NO Nail Trim

YES NO Express Anal Glands

YES NO Ear Cleaning

YES NO Microchip

YES NO My pet needs a flea treatment.

YES NO I would like my dog to receive the Pro-Heart 6 injection that will protect against heartworms and hookworms for 6 months. (Heartworm test must be current.)

Our office is to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal.

An estimate of anticipated fees has or will be given to me on request. A deposit is required upon admittance to the clinic. All charges shall be paid in full upon release.

All animals must be picked up within three (3) days of the specified release date. A written notice will be mailed to the address above. Five (5) days after such written notice, the animal will be considered abandoned and may be disposed of or destroyed as the clinic deems appropriate. It is understood that abandonment does not relieve me from responsibility of payment for services rendered, including the cost of boarding.

I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be born by me.

E-MAIL ADDRESS: _____

PHONE NUMBER(S): _____

SIGNATURE: _____ DATE: _____