

TO BE FILLED OUT BY STAFF:

Admitted by: _____

Text updates: **Yes** **No**

Social Media: **Yes** **No**

Surgery/Dental Consent Form

Date admitted: _____ Owner: _____ **CONTACT PHONE NUMBER:** _____

Email: _____ Pet: _____ Breed: _____

Age: _____ Male: _____ Female: _____ Spayed/Neutered? **Yes:** _____ **No:** _____

Procedure: _____

Has your pet fasted since 10 pm last night? **Yes:** _____ **No:** _____

Were any medications given today? **Yes:** _____ **No:** _____ If yes, list: _____

Is your pet allergic to any medications? If yes, list: _____

Vaccines: _____ UTD? _____

PETS MUST BE CURRENT ON REQUIRED VACCINATIONS OR THEY WILL BE GIVEN AT OWNER'S EXPENSE.
Check those currently due, if any:

DOGS: DHPP: _____ Bordetella: _____ Rabies: _____ (Non-required): Lepto: _____ Lyme: _____

CATS: FVRCP: _____ Rabies: _____ (Non-required): Feline Leukemia: _____

Recommended Procedures:

Heartworm 4DX Test (DOGS ONLY):	Yes _____ No _____	\$45.60
FelLeuk/FIV/HW Test (CATS ONLY):	Yes _____ No _____	\$80.37
Fecal Parasite Exam:	Yes _____ No _____	\$45.39
Microchip:	Yes: _____ No: _____	\$64.91 (19.99 registration included)
Surgical Tattoo (SPAYS/NEUTERS):	Yes _____ No _____	FREE
CO ₂ Laser (<i>REQUIRED for >30lb & growth removals</i>):	Yes _____ No _____	\$70.94
IV Catheter (with IV fluids & ETCO ₂):	Yes _____ No _____	\$60.79 (REQUIRED for ALL)
Okay to extract teeth:	Yes: _____ No (Call before): _____	

Preanesthetic Bloodwork (strongly recommended):

Our greatest concern is the well-being of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys, or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens. The cost is:

Patients *under 7 years of age*: **Yes** _____ **No** _____ **\$104.86**

Patients *above 7 years of age (more comprehensive panel)**Required***: **Yes** _____ **No** _____ **\$147.47**

Authorization to perform surgery and/or treatment:

I hereby authorize AllPets Animal Clinic to perform such diagnostic, therapeutic, grooming and surgical procedures as are in their opinion necessary and advisable for treatment and maintenances of my pet's health and well-being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I realize that neither guarantee nor warranty can ethically or professionally be made regarding the result, or treatment. I also authorize the hospital director and her staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well-being of my pet. I understand the fees due for my pet's treatment will be paid in full at the time of discharge. I realize that in many cases, it is impossible to determine the extent of medical or surgical treatment required in advance, but in such cases, AllPets Animal Clinic will attempt to estimate the cost of such treatment. Pets are checked for fleas and if treated is needed, it will be performed at the owner's expense. If the actual charges are more than 10% over the estimated charges, I will be notified of the increase.

Signed by owner or agent _____