

Client _____ Patient _____ Date _____

Medical Record

Dog: Vaccine Status: DA2 PPL-C _____ Bordetella _____ Rabies _____

Current Heartworm Test _____

Current Fecal Analysis _____

Recent Iddex blood profile, or PAB

Cat: Vaccine Status: FVRCP _____ Rabies _____ Leukemia _____

Current Fecal Analysis _____

Tested for Feline Leukemia and Feline Immunodeficiency Virus?

Recent Iddex blood profile or PAB

Yes No

Medical History

Did your pet eat this morning (if applicable)?

Has your pet ever had any Seizures?

Has your pet had any reaction(s) to Medications?

Has your pet had any reaction(s) to Vaccines?

Has your pet had any reaction(s) to Anesthetics?

Is your pet on any medication? Name: _____

Dosage _____

RIVER HEIGHTS VETERINARY CLINIC CONSENT FORM

I am the owner of the above pet or am acting as an agent for the owner and accept full financial responsibility. I hereby consent and authorize the performance of the following procedure(s):

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this Veterinary Hospital. I certify that no guarantee or warranty has been made regarding the results that may be achieved. I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization. I agree to provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has permission to provide such treatment and I agree to pay for such service.

Date

Signature of Owner or Agent

Pre-op Checklist:

Phone number where I can be reached

Weight _____ Tech initials _____

Confirm Procedure(s)

Sex M / F
Estrus **Y / N
Testes Y / N**
Hernia ** Y / N
Decid teeth **Y / N
Rear dewclaws ** Y / N

Phone Date home

Microchip Y / N

Any questions?



PRE-ANESTHETIC BLOOD TESTING

Like you, our greatest concern is the well-being of your pet. Before we perform any procedure requiring anesthesia we require tests to confirm that your pet's organs are functioning properly and to reveal any hidden conditions that could put your pet at risk. The results will alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney, or liver disease which could complicate the procedure. Many of these conditions may not be detected without a pre-anesthetic blood profile. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests may be used as a baseline for comparison in the future if your pet's health changes.

Pets under six years of age

Includes: Blood chemistry profile (kidney, liver, diabetes, & hydration)
Complete Blood Count (anemia, infection, clotting)
Cost \$51.50

Client Signature: _____

Pets over 7 years

Includes: Comprehensive blood chemistry (including electrolytes)
Thyroid Function**
Complete blood cell count (anemia, infection, clotting)
Cost \$82.80

Client Signature: _____

If abnormalities are found the procedure may be postponed, or additional testing may be necessary.

MICROCHIP IMPLANTATION:

In an effort to offer permanent identification and help ensure your pet's safe return in the event he/she becomes lost, we offer a discounted microchip implantation at the time of surgery.

Cost is \$

_____ (Owner's Initials)

** Thyroid function must be drawn 24 hours prior to the procedure.