

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 HOSPITAL 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 Phone _____ Microchip Y / N Dental Vaccine Any questions?
Estrus **Y / N Date home Maltese Schnauzer
Testes Y / N** Dachshund sighthound
Hernia ** Y / N Yorkie Chihuahua
Decid teeth **Y / N Poodle Cocker
Rear dewclaws ** Y / N