

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