



PATIENT	SPECIES	AGE	OWNER
SEX	BREED		ADDR
COLOR			PHONE

Please answer the following questions regarding your pet's history:

- Yes No Is your pet on heartworm preventative?
 Yes No Any vomiting, coughing or diarrhea noted in the last 48 hours?
 Yes No Has your pet been ill or injured in the past 30 days?
 Yes No Has your eaten this morning? If so, when? _____
 Yes No Is your pet allergic to any medications? If so, what? _____
 Yes No Did your pet take any medications this morning? If so, what? _____

Procedure(s) to be performed _____

Preferred contact number _____

The following diagnostic tests and procedures are included in all general anesthetic packages:

- Complete blood count
- Blood chemistry
- Electrolytes
- Digital thoracic radiographs
- Intravenous fluids

I certify that my pet is free of fleas, ticks, and tapeworms. If any of these parasites are found on my pet, I authorize Hickory Veterinary Hospital to treat my pet at my expense.

_____ Initials

FOR DOGS:

My DOG has been fully vaccinated within the last 12 months against DAPP, Bordetella, is current on Rabies vaccine, and has a current negative heartworm exam. A current negative heartworm test and ongoing heartworm prevention is required for the safety of all DOGS undergoing anesthesia. If my pet does not have a current heartworm test and/or is not current on heartworm prevention, I authorize Hickory Veterinary Hospital to perform a heartworm test and understand I will be financially responsible for the cost of such test.

_____ Initials

FOR CATS:

My CAT has been fully vaccinated within the last 12 months against FELV, FVRCP, and is current on Rabies vaccine. A negative FELV/FIV test and up to date FELV vaccine is required for the safety of all CATS undergoing anesthesia. If my pet is not vaccinated against FELV, I authorize Hickory Veterinary Hospital to perform a FELV/FIV test prior to anesthesia and understand I will be financially responsible for the cost of such test.

_____ Initials

Patient:

Client:

We recommend these optional procedures for your pet. Additional charges will be added to your final invoice.

Microchip implant under anesthesia

Accept Decline

Ear cleaning under anesthesia

Accept Decline

Histopathology for mass removals

Accept Decline

Hip radiographs for large dogs

Accept Decline

I understand there are risks associated with any anesthetic procedure, up to and including cardiac arrest, respiratory arrest, or death. I understand that during the performance of the scheduled procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s) than those set forth previously. I have been advised of the nature of the scheduled procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.

I understand that an attempt will be made to contact me in the event of an emergency. If I cannot be reached immediately, I authorize the performance of such life-saving procedures deemed necessary by my pet's veterinarian. Such procedures include but are not limited to resuscitation and life-saving medication administration. I understand that I will be financially responsible for the cost of any life-saving measures performed for my pet.

Accept Decline

My signature below indicates I have read and understand this authorization form. By signing this form I certify that I am the Owner or Agent for the above described animal and have the authority to execute this consent form and authorize the above named procedure(s). The information I provided above is true and accurate.

Date

Signature of Owner or Agent