

QUAIL CORNERS ANIMAL HOSPITAL-Patient Admission and Consent Form

Last Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Client Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Procedure to be performed:

	Yes	No	
Has your pet had any food or water since midnight last night?	<input type="checkbox"/>	<input type="checkbox"/>	Current Diet: _____
Has your pet been coughing, wheezing, or breathing hard?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet been vomiting or having diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you want your pet microchipped? (additional charges apply)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list: _____
Has your pet ever had an adverse reaction to a medication?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
Is your pet taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list medications, dosage, and time last given:	<input type="checkbox"/>	<input type="checkbox"/>	

Vaccinations Current: Yes  No  Due: \_\_\_\_\_

Please note:

- A topical treatment will be applied at the owner's expense to any pet with evidence of fleas, flea dirt, or ticks.
- An Elizabethan Collar may be required for your pet's comfort and protection. Elizabethan Collar prices vary according to size.
- For the comfort of your pet, pain management is given for all surgical procedures.

Authorization

I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed by Quail Corners Animal Hospital. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. No guarantees have been made regarding the outcome or cure. I understand that there is always a risk associated with any anesthesia episode, even in apparently healthy animals, and have discussed my concerns with the veterinarian. The veterinarian has provided me the opportunity to ask questions and receive answers regarding the procedure. This risk includes serious bodily injury or death. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

In the event of an unforeseen emergency, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please check your preference:

- Please **proceed** with CPR. I accept responsibility for all costs incurred.
- Please **do not proceed** with CPR. I accept responsibility for all costs incurred.

I have read and understand the information printed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_