

Value Pet Clinic Tacoma -Patient Admission and Consent Form

<last-name>, <animal> Acct# <number> <reminders>

Client Name: <first-name>, <last name>

Address: <address>,<city> <st>, <zip>

Telephone: <area> <phone>

Breed: <breed> Sex: <sex> Age: <age> Weight: \_\_\_\_\_

<appt-date> <appt-time> <appt-doctorname>

Procedure to be performed: <[Appointment-Notes-Text]>

Form with Yes/No columns and questions: Has your pet had any food or water since midnight last night? Has your pet been coughing, wheezing, or breathing hard? Has your pet been vomiting or having diarrhea? Do you want your pet microchipped? (additional charges apply) Does your pet have any allergies? Has your pet ever had an adverse reaction to a medication? Is your pet taking any medications? If yes, list medications, dosage, and time last given: Has your pet ever had anesthesia and were there any issues? If yes, explain:

Please note:

- Capstar will be given or 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 and/or treatment to be performed by Value Pet Clinic Tacoma. 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 and/or treatment 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 admitted to the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital) and that my pet must be picked up no later than 30 minutes before closing.

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 extreme life-saving measures. I accept responsibility for all costs incurred.
- Please **do not proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

I have read and understand the information printed above.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternate Number:

\_\_\_\_\_