

Patient: \_\_\_\_\_

Is a *MUZZLE* needed/helpful in handling your pet? **Yes No** 

Client: \_\_\_\_\_

Account #: \_\_\_\_\_

Best Phone # to reach you at today:

Email Address:

Secondary Contact & Phone #:

# Today's Procedure(s):

Plus, the following optional services @ an additional cost:

- Nail Trim
- Anal Gland Expression
- Microchip Placement

# Pre-anesthetic Blood Screening

Pre-anesthetic blood work is an important part of preparing your pet for surgery. It can detect abnormalities in blood counts, organ functions, and reduces the risk of complications during surgery.

Unless otherwise noted by your veterinarian, blood screening for pets over **5** years of age, is required no more than 3 months prior to surgery, and for pets **under 5**, blood work is optional, but still recommended.

□ I APPROVE blood screening today & the cost associated

□ My pet recently had their blood screened. Date: \_\_\_\_

□ I DECLINE blood screening today

### Vaccines

Keeping your pets current on their vaccinations is their best defense against disease. In order to proceed with today's procedure, we require that all species appropriate vaccines are up to date. If your pet is not up to date, unless otherwise instructed by your veterinarian, we would be happy to administer the missing vaccine(s) today. If your pet is up to date, but have had the vaccines done elsewhere, documentation from a shelter or veterinarian must be presented @ check-in.

□ My pet is **up to date** on all vaccines required for today's procedure, and if needed, documentation from another shelter or vet has been presented.

Staff Verification \_\_\_\_\_

□ My pet is **not up to date** on all vaccines and I give permission for Animal Cracker's staff to administer the following vaccinations today:

**DOGS: Q**Rabies **Q**DHPP Combo **Q**Bordetella

**CATS: CATS: CATS:** 

Staff Verification \_\_\_\_\_

# Histopathology

We always advise doing a laboratory analysis, on any masses, growths, or stones that are removed from your pet's body.

□ I APPROVE an analysis & the associated cost(s)

□ I DECLINE an analysis

- Heartworm Test
- **Ear** Cleaning
- Fecal Analysis

* What time did your pet last eat/drink?		:	am / pm
* Has your pet sh	own any signs of <b>illness</b> in the	last 24hrs, li	ke vomiting, diarrhea or lethargy? No ا
Yes 🖬 🛛 Pl	ease explain:		
* Has your pet be	en diagnosed with any of the	following (ch	eck all that apply):
	Heart Condition/Murmur		Respiratory Condition
	Diabetes		Allergies
	Epilepsy (Seizures)		Other Concerns
	Collapsing Trachea		
* Is your pet curre	ently taking any <b>medication</b> (s)	) including su	pplements or insulin?No 🗖
Yes 🗖 Nar	ne:	Dose:	Last given
Name:			

\* When even the kindest of animals feel nervous, anxious, or scared, they can react by growling, biting, urinating, running, shaking or hiding. Please list any **concerning behaviors** that you are aware of that your pet may display while with us \_\_\_\_\_\_

and is there anything we can do to help your pet feel more comfortable?

### **Photo Release**

Want a great opportunity to show off your fur baby? We would like **permission to snap a photo** of your pet and/or their procedure for use on social media. Surgery can be a great learning tool! Plus, we know how hard it can be for you & your pet to be apart, so we would be happy to send you a complimentary picture update during their stay here. We want you to help you feel comfortable & connected while your loved one is in our care.... AND we can also add the photo to your account!

#### May we have permission to take photos of your pet?

- □ Yes, you may take and use photo(s) of my pet however you see fit
- □ Yes, but only for use within Animal Crackers □ No, please don't take photos of my pet

### Knowledge of Risk, Surgical Consent & Financial Responsibility

I certify that the above pet belongs to me, or is in my care, and I have authority to request that today's procedure(s) be done.

I understand that during my pet's stay & procedure(s), great care and caution will be taken to ensure my pet's health and safety. I am aware that sedatives & anesthetics pose a risk to my pet's quality of life, and I understand that in rare circumstances, unforeseen conditions may arise that necessitate additional treatments, procedures, and/or diagnostics. I authorize the veterinarians here at Animal Crackers, and their veterinarian directed staff, to carry them out as needed, at my cost, unless otherwise waived. I will not, under any circumstance, hold Animal Crackers, or their staff, responsible for any illnesses, injuries or loss that may occur as a result of today's stay & procedure(s).

I have read all the information presented above. I understand it, and I authorize the staff at Animal Crackers to proceed with today's procedure(s), as stated above. I am aware that by signing the attached estimate for today's procedure, I agree to pay, in full, for the services rendered to my pet when I pick him/her up. We accept cash, cards, certificates for spay & neuter & Care Credit.

Client Signature:	Printed Name:
Phone #(s):	Date:

#### DNR

Should an emergency occur and you cannot be reached immediately, does the staff at Animal Crackers have permission to do what it takes to keep your pet alive, till we get ahold of you?

**YES**, please **DO** everything you can to keep my pet alive.

**NO**, please **DO NOT** perform any additional services to keep my pet alive.