



Client Name: _____ Patient Name: _____

Address or Phone Number Correction Needed? Yes _____ No _____

If "Yes", please discuss these changes with one of our team members.

Has your pet been fasted as instructed? Yes _____ No _____

Has your pet ever had a seizure? Yes _____ No _____

If "Yes", when was the last episode? _____

Is your pet on any medications? Yes _____ No _____

If "Yes", please list and note time of last dose (include monthly heartworm and flea/tick preventions): _____

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen (18) years of age or over.

I authorize the performance of the following procedure(s) - **please initial** :

- | | |
|---|----------------------|
| ____ Preoperative Blood work | |
| ____ Spay (female) | ____ Neuter (male) |
| ____ Front Declaw | ____ All Four Declaw |
| ____ Microchip Implant | ____ Radiographs |
| ____ Orthopedic Procedure | ____ Wound Repair |
| ____ Dental Cleaning (extractions at Doctor's discretion) | |
| ____ Tumor Removal (Biopsy: ____ Yes ____ No) | |
| ____ Other: _____ | |

I authorize the use of such sedatives and/or anesthetics as the attending veterinarian deems advisable in the performance of surgical, diagnostic and/or therapeutic procedures described above. I realize that the administration of any sedative and/or anesthetic agents carries a small but realistic possibility of side effects including death. I recognize the nature of the procedure(s) being performed and realize that certain risks and complications may be involved. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

Signature

Date

Telephone number(s) where I can be reached today during or after surgery.

Name/Number _____ (home / work / cell)

Name/Number _____ (home / work / cell)