



# PETSinc

Client Name \_\_\_\_\_

Animal Name \_\_\_\_\_

**Please Answer the following questions regarding your pets medical history**

**Mark one**

Yes	No	Is your pet Currently up to date on all appropriate vaccines? (Rabies,DHPP,Bordtella)
Yes	No	Has your pet had anything to eat or drink this morning?
Yes	No	Has your pet had a physical exam in the last 12 months? When?
Yes	No	Has your pet been checked for intestinal worms in the last 6 months? When?
Yes	No	Has any vomiting, coughing or diarrhea been noted? If so explain in notes..
Yes	No	Has your pet been ill or injured in the last 30 days? If so explain in notes...
Yes	No	Is your pet allergic to any medications? What?
Yes	No	Is your pet on flea and tick Prevention? What type?
Yes	No	Has your cat been tested for FELV/FIV? When?
Yes	No	Has your dog been tested for heartworms in the last year? When?
Yes	No	Is your dog on heartworm Prevention? What type

Notes:

Yes	No	We recommended all animals have Pre-Anesthesia Blood work done prior to any surgery to make sure major organ functions are normal, so that the anesthesia can properly be filtered out of the body for the safety of your pet.
		<b>Additional charge \$70.00</b>

<b>** REQUIRED **</b>	* All dogs and cats are <b>REQUIRED by LAW</b> to have a yearly rabies vaccination. *
Initial _____	* You <b>MUST</b> provide documented proof of rabies vaccination at time of surgery *
	If proof is not provided an additional \$15.00 will be added for rabies vaccine

<b>** Age 7 and Older **</b>	All animals over the age of 7 are required to have a comprehensive blood panel done prior to any type of anesthesia - this is a more extensive blood pannel to check the make sure your pet can under go anesthesia and surgery safely
Initial _____	
<b>Additional charge \$150.00</b>	

<b>* ALL ANIMALS *</b>	
For the health and safety of all animals, there is a <b>\$20</b> flea application charge if your animal is noted to have fleas	
Initial _____	If your animal is In-Heat( <b>\$35</b> ) or Pregnant ( <b>\$85</b> ) there is an additional charge to the cost of the surgery
	If your animal is Cryptochid there is an additional <b>\$135</b> per side
	<b>*Your animal will have an Alteration Tattoo after surgery*</b>

I am the Owner/Agent for the above listed animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that during the performance of procedure(s) unforeseen conditions may be revealed that necessitate an extension of foregoing procedure(s) or even a different procedure(s) than those set forth previously. I hear by consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the attending Veterinarian's professional judgement. I understand I am responsible for all cost necessary for any unforeseen complication following procedure, and hold PETSinc, it's veterinarian and staff as well as any affiliated entity blameless. I have been advised of the nature of the procedure(s) as well as the risk involved, and realize that results cannot be guaranteed.

I additionally authorize the use of appropriately anesthesia, Pathologist examination of the excised tissue as deemed by the Veterinarian and the administration of other medications. I understand that the hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent form completely. I understand that as a shelter PETSinc does not have dental radiology. Inherently some dental pathology is missed without this technology and the risk of leaving a small amount of tooth roots is increased.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_