



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

Main Phone #: \_\_\_\_\_

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

Secondary Phone: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  Male  Female  Neutered?  Spayed?

Date of Birth / Estimated Age: \_\_\_\_\_

- We require pre-surgical bloodwork prior to surgery to check for any underlying health problems that may increase your pet's risk for complications during anesthesia and recovery.
- To lessen risks of anesthesia/surgical procedures, it is recommended all dogs over 6 months be current on heartworm testing.
- The FeLV/FIV test is recommended for all cats. Proof of vaccinations is required for all pets admitted to the hospital.
- I hereby consent and authorize the doctors and staff at Brodheadsville Veterinary Clinic to receive, prescribe for, treat, or operate upon the pet named above. I understand there are risks associated with any anesthesia or surgery and that it may be necessary to provide additional medical treatments which cannot be anticipated. I authorize the performing of such altered and/or additional procedures as are deemed necessary in the veterinarian's professional judgement for the health and safety of my pet.
- I agree to be responsible for all charges incurred and provide full payment at the time my pet is discharged.
- I acknowledge that if fleas are found on my pet, a preventive dose of Capstar may be given at the discretion of the attending veterinarian and I will be charged for such dose.

**Dental Procedures:**

- For pets admitted for dental procedures: I understand that extraction of damaged or diseased teeth is medically necessary for my pet's health and give my consent:  Yes  No
- Puppies and kittens sometimes have retained deciduous teeth (baby teeth) that may cause problems later in life. I consent to the removal of my pet's deciduous teeth:  Yes  No
  - If I decline removal, I understand the risks associated by not removing my pet's retained teeth:  Yes  No

**Microchipping:** Would you like your pet to be microchipped (\$46)?  Yes  No

**CPR:** In the event of sudden cardiac arrest: I consent that CPR may be performed on my pet:  Yes  No

What time did you pet last eat? \_\_\_\_\_

Procedure(s) to be performed: \_\_\_\_\_

**Is Your Pet Experiencing Any of the Following?**

- |   |  |          |  |
|---|--|----------|--|
| Loss of appetite                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vomiting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Changes in drinking/eating habits         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unexplained weakness/Exercise intolerance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Coughing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Abnormal bleeding or bruising             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sneezing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Difficulty in passing stool or urine      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has your pet ever experienced an adverse reaction to anesthesia?  Yes  No

Is your pet allergic to any medications that you are aware of?  Yes  No List: \_\_\_\_\_

List any medications you pet is currently taking and time of last dose: \_\_\_\_\_

I give photo consent to BVC for my pet (used for webpage/social media posts):  Yes  No

Signature of owner or authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_