PRE EXAMINATION HISTORY AND CONSENT FORM

Please complete the information below so we can keep our records up to date.

Owner's Name: ____________________ Pet's Name: ________________ Today's Date: __________

Home Phone: ________________ Cell Phone: ________________ Work Phone: ________________

Which phone number should we use to contact you today? ☐ Home ☐ Cell ☐ Work ☐ Other: ________________

If appropriate, would you prefer us to contact you via text message? Yes ☐ [*Valid cell number*] No ☐

Email Address: ____________________________ [*Please inform a receptionist if your mailing address has changed*]

Do you have Pet Insurance? ☐ Yes ☐ No If "Yes", which provider is your policy with? ________________

Reason(s) for today's visit: ____

What brand of food do you feed your pet? ____________ How much? ________ How often? ____________

Has your pet eaten today? ☐ Yes ☐ No [If "Yes"] What? ________________ What time? __________

Does your pet take any medications and/or nutritional supplements? Yes☐ No☐

[If "Yes"] What kind and please write when it was given last?

________________________ ________________________ ________________________

________________________ ________________________ ________________________

Does your pet have any allergies? ☐ Yes ☐ No [If "Yes"] What kind? ________________________

Do you use a flea/tick preventative? ☐ Yes ☐ No [If "Yes"] What kind? ________________________

Does your pet have a microchip? ☐ Yes ☐ No [If "No"] Would you like one implanted today? ☐ Yes ☐ No

(Cost of a Microchip Implant is **$53.25**)

Dog:

Is your dog given heartworm preventative year round? ☐ Yes ☐ No [If "Yes"] What Kind? __________

[If "Yes"] Date last administered? ____________

Will your dog be boarding in a kennel within the next year? ☐ Yes ☐ No

Does your dog do any of the following? (Check all that apply): ☐ Hunt ☐ Run/hike in the woods?

☐ Have exposure to livestock urine? ☐ Groom them self? ☐ Come in contact with other dogs?

Cat:

Does your cat go outside? ☐ Yes ☐ No

Has your cat ever been tested for leukemia or feline aids? ☐ Yes ☐ No

[If "No"] would you like your cat to be tested today? ☐ Yes ☐ No

Has your cat ever been tested for heartworm disease? ☐ Yes ☐ No

Is your cat on monthly heartworm prevention? ☐ Yes ☐ No

Dog or Cat:

Has your pet exhibited any of the following signs, symptoms or behaviors? (Check all that apply)

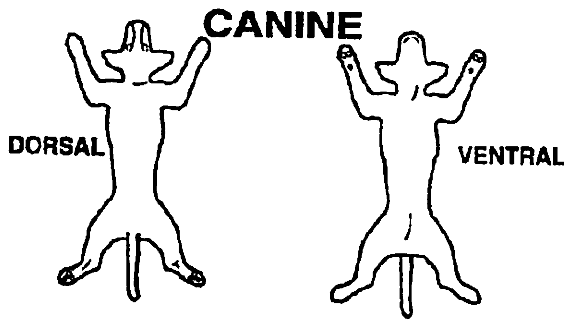
☐ Weight gain
☐ Weight loss
☐ Appetite increase
☐ Appetite decrease
☐ Vomiting
☐ Diarrhea
☐ Constipation/difficult defecation
☐ Increased drinking
☐ Decreased drinking
☐ Soiling/Incontinence/ dribbling stool or urine
☐ Bad breath
☐ Difficulty chewing
☐ Drooling

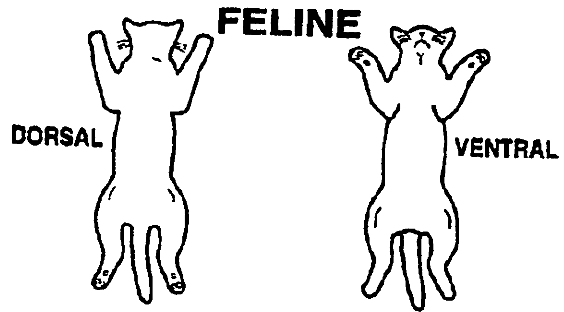
☐ Coughing
☐ Sneezing
☐ Wheezing
☐ Gagging
☐ Choking
☐ Difficulty climbing stairs
☐ Uncoordinated
☐ Lameness
☐ Stiffness
☐ Decreased activity
☐ Listlessness
☐ Weakness
☐ Muscle tremors
☐ Shaking
☐ Seizures

☐ Unusual discharge
☐ Body odors
☐ Scooting rear end
☐ Head tilt
☐ Ear scratching/rubbing
☐ Increase in grooming behavior
☐ Decrease in grooming behavior
☐ Itching
☐ Scratching
☐ Poor coat
☐ Hair loss
☐ Behavior change
☐ Skin problems

(Turn)

☐ Lumps or bumps? (Please note location on diagrams below)





Diagnostics and Treatment Consent

I hereby authorize Suffield Veterinary Hospital to perform professional services that are, in their opinion, advised for treatment and maintenance of my pet's health and wellbeing. I also authorize the following, if necessary, to be performed:

Blood work ______ (Please initial) X-Rays ______ (Please initial)

Sedation/Anesthesia ______ (Please initial) Surgery ______ (Please initial)

Pre-Anesthetic Blood Work Consent

If your pet is here for a procedure involving sedation/anesthesia, please read the following carefully and indicate your preference by signing below.

A complete physical exam will be performed prior to any anesthesia/sedation to assure your pet's health and safety. Along with the physical examination, we strongly recommend a few simple laboratory tests to determine your pet's ability to tolerate the procedure and assure that it is a low-risk patient. The screening includes a complete blood count and a chemistry profile. This will demonstrate your pet's ability to metabolize the sedation/anesthesia properly.

ALL PETS 5 YEARS AND OLDER MUST HAVE PRE-ANESTHETIC BLOODWORK DONE BEFORE ANY SEDATION/ANESTHESIA. EVERY DOG MUST HAVE AN ANNUAL HEARTWORM TEST PRIOR TO ANESTHESIA

We have the latest in laboratory equipment/technology which makes this procedure quick, easy, and inexpensive. We are proud to be able to offer this benefit to our clients. There is an *additional* charge of **$55.87** for the screening and we feel it is an important step to insure your pet's safety and level of risk.

Please initial below to give your consent to the pre-anesthetic blood work and to show that you fully understand that there will be an additional cost for the blood work, and that it is an assurance, not a guarantee of your pet's suitability for anesthesia. ☐ Yes ☐ No ______ (Please initial)

Website and Social Media Release

I hereby grant Suffield Veterinary Hospital permission to use the likeness of my pets (s), should they so choose, in a photograph, video, or other digital reproduction in any and all of its publications, including website and social media entries, without payment, compensation, or any other consideration. I understand and agree that these materials will become the sole property of Suffield Veterinary Hospital. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my pet's likeness appears.

☐ Yes ☐ No ______ (Please initial)

Payment for Products, Medications and Services Rendered

I understand that the invoice resulting from my pet's admission to Suffield Veterinary Hospital is to be paid in full at the time my pet is discharged from Suffield Veterinary Hospital. I will satisfy payment via the following method:

☐ Cash ☐ Check ☐ Visa/MasterCard//Discover/American Express ☐ CareCredit ______ (Please initial)

I am the owner or agent of the aforementioned pet, am at least 18 years of age, and am competent to contract in my own name. I have read this document in its entirety before signing below and I fully understand all of the content in this document and its meaning. I fully understand the impact of signing this release.

SIGNATURE: ________________________________

PRINTED NAME: ________________________________ *DATE:* ______/______/__________

[**STAFF-Reception:** Account Number: ______________ Receptionist Initials: _______] [**STAFF-Tech:** Admitting Technician Initials: _______]