

AVIAN/SMALL MAMMAL HISTORY & CONSENT FORM

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? _____

How long have you owned this pet? _____

From what source did you acquire it? Pet Shop Breeder Other: _____

What do you feed your pet? (Please be specific.) _____

How Much? _____ How Often? _____

Has your pet eaten today? Yes No What Time? _____

Does your pet go outside? Yes No

Type of caging/bedding used? _____

Where is the cage/enclosure kept? _____

Do you give any supplements? No Yes: If "Yes": Vitamins Minerals

Does your pet appear to have any problems? No Yes

If "Yes": What symptoms have you noticed? _____

When did these symptoms first appear? _____

Has your pet had any previous illnesses? No Yes If "Yes": Please describe: _____

Has your pet received any medication(s) recently? No Yes

If "Yes": Please list them: _____

Have there been any recent changes in the pet's environment? No Yes

Has your pet's appetite changed in any way? No Yes

Has there been any change in the color or consistency of the pet's droppings/stool? No Yes

Have you noticed any signs of respiratory problems? No Yes

Does your pet have any cage mates? No Yes

If "Yes": Are the cage mates showing any signs of illness? No Yes

Have any new pets been added to your household? No Yes

Birds:

Have you noticed any regurgitation? No Yes

Has your bird been exposed to any other birds including wild birds? (e.g. boarding, pet shop, etc.) No Yes

Other comments? _____

Small Mammal:

Does your pet have any allergies or vaccine reactions? Y / If yes, to What? _____

Do you use any flea/tick preventative? Y / N What kind? _____ Date last administered? _____

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 **\$102.72** for the screening and we feel it is an important step to ensure 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)

After Hours Pick-Up Policy

Please note our business hours and make sure to pick up your pet prior to closing. If you pick up your pet after we close, you will be charged a late pick up fee of \$50.00. If you are more than 30 minutes late, your pet will stay overnight at SVH and an appropriate overnight charge will be added to your invoice, in addition to the \$50.00 late fee.

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: _____]