

# 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]

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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? \_\_\_\_\_

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## **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 **\$107.86** 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: \_\_\_\_\_]