

# 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)

**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: \_\_\_\_\_