

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 \$73.19)

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

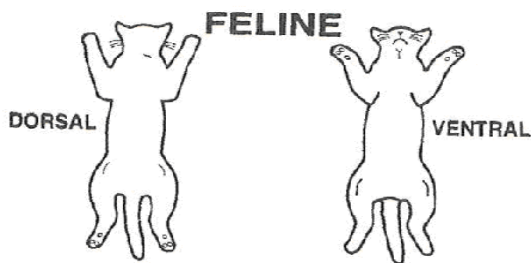
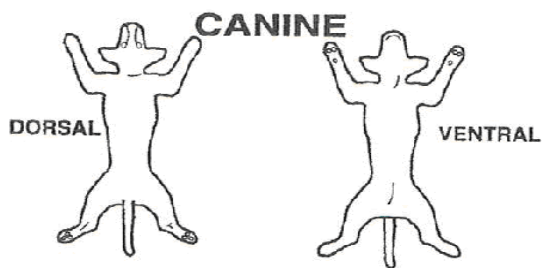
Is your cat on monthly heartworm prevention? Yes No

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Coughing | <input type="checkbox"/> Unusual discharge |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Body odors |
| <input type="checkbox"/> Appetite increase | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Scooting rear end |
| <input type="checkbox"/> Appetite decrease | <input type="checkbox"/> Gagging | <input type="checkbox"/> Head tilt |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Choking | <input type="checkbox"/> Ear scratching/rubbing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Difficulty climbing stairs | <input type="checkbox"/> Increase in grooming behavior |
| <input type="checkbox"/> Constipation/difficult defecation | <input type="checkbox"/> Uncoordinated | <input type="checkbox"/> Decrease in grooming behavior |
| <input type="checkbox"/> Increased drinking | <input type="checkbox"/> Lameness | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Decreased drinking | <input type="checkbox"/> Stiffness | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Soiling/Incontinence/dribbling stool or urine | <input type="checkbox"/> Decreased activity | <input type="checkbox"/> Poor coat |
| <input type="checkbox"/> Bad breath | <input type="checkbox"/> Listlessness | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Difficulty chewing | <input type="checkbox"/> Weakness | <input type="checkbox"/> Behavior change |
| <input type="checkbox"/> Drooling | <input type="checkbox"/> Muscle tremors | <input type="checkbox"/> Skin problems |
| | <input type="checkbox"/> Shaking | |
| | <input type="checkbox"/> Seizures | |

Lumps or bumps? (Please note location on diagrams on back of this page)

TURN PAGE OVER >



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) Other Diagnostic Testing _____ (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 **\$164.60** 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: _____]