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

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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

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

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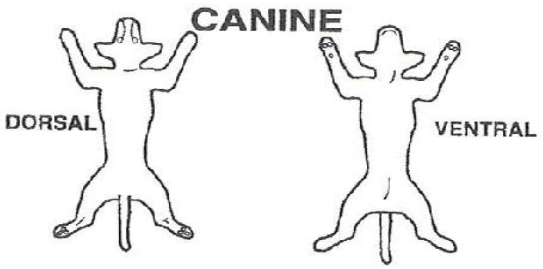

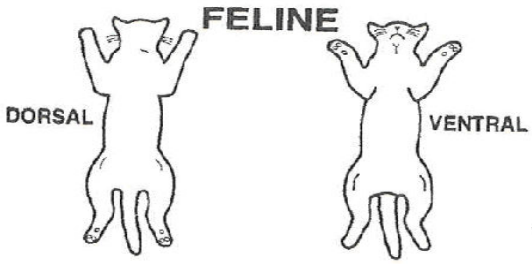

Diagnostics and Treatment Consent

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) 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: _____]