

PRESIDIO WAY VETERINARY HOSPITAL

Hospitalization Consent Form

PLEASE READ AND FILL OUT COMPLETELY

Owner's Name:

Patient Name:

Co-Owner's Name:

Dog Walker/Caretaker Name:

Primary Phone Number

Alternative Phone Number

Alternative Phone Number

My pet is being hospitalized today for:

In addition, I would like the following to be completed during my pet's stay:

- Microchip
 Nail Trim
 Anal Glands
 Fecal Test
 Bath
 Medical Exam *(For Boarding)*

Your pet is being admitted today the procedure(s) listed above. We will perform a full examination on your pet before administering any anesthetic. For the safety of your pet, we *require* all patients to undergo general wellness laboratory tests prior to administering anesthetic.

SURGICAL ANESTHETIC RELEASE

Is your pet currently taking medications? If YES (Please list below) NO

<i>Medication</i>	<i>Last dose given</i>	<i>Next dose due</i>	<i>Refill Needed</i>

Is your pet allergic to any medications? ***If YES (Please list below)*** ***NO***

1. 2. 3.

Has your pet been fasted?	YES	NO	Time meal was given:
Has your pet been vomiting?	NO	YES	How often? Last time?
Have you noticed any weight gain/loss?	NO	YES	Explain:
Has your pet been coughing or sneezing?	NO	YES	How often? Last time?
Has your pet had normal bowels/urination?	YES	NO	Explain:
Has your pet had any other symptoms?	NO	YES	Explain:
To the best of my knowledge my pet is healthy.	YES	NO	Explain:

DENTAL

Initial One

If medically advised for the health of my pet, I consent to any extractions determined necessary.

I authorize cleaning and dental sealant ONLY.

If extraction is necessary please wait for consent. If I cannot be reached I would prefer my pet re-anesthetized at a later date.

DO NOT extract any teeth, even if medically indicated.

CONSENT

Initial ALL

I authorize testing such as X-Ray's and Blood tests determined necessary by the veterinarian.

If I cannot be reached at the numbers listed above, I authorize the veterinarian to make medically appropriate decisions without my consent. I agree I will be responsible for additional fees accrued.

I understand the risk associated with anesthetic and surgery.

Signature

Date

Estimate Given