

Fourmile Veterinary Clinic Consent Admission Form

Client's Name _____ Phone: _____

Pet's Name: _____ Age: ___ Weight: _____ Dog Cat Equine Bovine Other

What is the last time your pet had food? _____ am/pm What is the last time your pet had water? _____ am/pm
Does your pet have any major medical conditions (i.e. diabetes, seizures, kidney/heart disease, etc.)? ___ No ___ Yes:
Explain: _____

Is your pet currently taking any medication? NO ___ Yes: ___ (Medication: _____) Time last given: _____

Please note: Personnel trained in patient observation will not attend the patient continuously outside regular office hours. If you prefer a facility with 24 hour staffing we would refer you to an emergency clinic in Pueblo or Colorado Springs.

As the owner or agent of the above animal. I hereby give my consent to Fourmile Veterinary Clinic to perform the following procedures:

Pre-Anesthetic Lab Work

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during routine pre-anesthetic examinations. In-house pre-anesthetic blood tests are another tool to gain information that may decrease the risk of anesthesia and surgery. They give us vital physiologic information as to your pet's liver, kidneys, electrolyte balance, and screens for diabetes, underlying infection and anemia that would go undetected with just a physical examination. **Therefore, the blood test is recommended for dogs & cats under 7 years old; and is required for dogs and cats 7 years & older and for high-risk pets.** However, there can be sensitivities to anesthetic agents that cannot be detected by either physical examination or pre-anesthetic blood work. These are very uncommon, and every effort will be made to use the safest and best anesthesia for your pet.

Yes I want an E-Collar (\$7-\$15 Based on Size)
 No I do not want an E-Collar

Client, please check the appropriate boxes and initial on the line:

- Yes.** I would like the Complete Pre-Surgical Profile (\$92.00) test performed prior to anesthesia on my pet.
- I do **not** want the Complete Pre-Surgical Profile test performed prior to anesthesia. I understand that the above test is recommended for dogs and cats under 7 years; and is **required for dogs and cats 7 years & older and high risk pets.**
- Spay:** If pregnant? I give permission to spay my pet: No Yes #weeks _____ \$ _____ Is she in heat? No Yes
- Neuter** **Microchip** **Heartworm Test** **Vaccinate:** _____
- Dentistry:** EXTRACTIONS ARE **NOT** INCLUDED IN ROUTINE DENTAL CLEANING COST:
 Please extract the necessary teeth No extractions authorized Call before extracting
- Other:** 1. _____ 2. _____ 3. _____

Yes. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. Post procedure pain medication will be dispensed at the Doctor's discretion. I authorize Fourmile Veterinary Clinic, using reasonable care and judgment, to perform any additional procedure(s) that may be deemed necessary. I am aware that there are inherent risks involved with the above procedure(s) and that results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation for all reasonable costs incurred regarding this animal. Full payment is due at the time of the service.

Signature of Owner/ Agent: _____ Date _____

