



Your Other Family Doctor

Hoof & Paw Check-in Sheet/Informed Consent For Treatment and/or Admission

OWNER NAME _____ PET NAME _____ DATE _____
ADDRESS _____ CITY/ST _____ ZIP _____
EMAIL _____

I am over 18 years of age YES NO Pet Housed Indoor Outdoor Both

Phone # you can be reached at today: Primary _____ Secondary _____

WOULD YOU LIKE TO RECEIVE TEXT MESSAGES ABOUT YOUR PET'S PROGRESS WHILE THEY ARE IN THE CLINIC? YES NO (NUMBER TO TEXT _____)

Are you a new client? YES NO (If your pet has been seen at another clinic, is it ok to request records from the previous clinic? YES NO Clinic name and number _____)

If vaccinations are due would you like them updated today? YES NO

Would you like your pet tested for heartworm/lyme disease today? YES NO -OR- FIV/FeLeuk? YES NO

DESCRIBE THE PROBLEM/SYMPTOMS THEY ARE HAVING:

When did you first notice the problem? _____

Has your pet had these symptoms in the past? YES NO If yes, when: _____

Diarrhea? YES NO If yes, describe frequency _____

Vomiting? YES NO If yes, describe frequency _____

Normal appetite/water intake? YES NO If no, describe changes _____

Normal activity level? YES NO If no, describe changes _____

If necessary, can we sedate your pet? YES NO ***If yes, please see other side for informed consent***

Rabies vaccinations on dogs MUST be current (State Law)

If your cat is not current and you do not want your cat vaccinated please sign here _____

SELECT ONE:

★Please initial below to authorize the following diagnostic testing:

*Bloodwork (chemistry profile/CBC/Lytes) Approximate cost \$150 (Initial _____)

*Xrays (two views) Approximate cost \$180 (Initial _____)

*Ultrasound - Approximate cost \$80 (Initial _____)

Signature _____ Date _____

INFORMED CONSENT FOR TREATMENT

I understand that if I checked yes to “if necessary can we sedate your pet?” that Veterinary Medicine is an inexact science and some complications can arise such as (including, but not limited to) vomiting, constipation, and in rare cases death. I give permission to treat my pet, but will not hold Hoof & Paw Veterinary Clinic liable for any unforeseen circumstances that may arise.

I understand that risks always exist with anesthesia and that I am encouraged to have pre-anesthetic bloodwork done and discuss any concerns and options with a Veterinarian before my pet is sedated.

I am also aware that during the hours of 6 pm to 6:30 am there is NOT overnight staff to continuously monitor my pet at the Hoof & Paw Veterinary Clinic, and that upon my request and expense a referral to a 24 hour emergency clinic is an option that is available to me.

I understand that Veterinary Medicine is an inexact science and there is no guarantee of successful treatment, but that it is our goal to provide the best attainable and humane care we can provide for your pet at our facility.

Signature of owner or authorized representative

Date