



**HOOF & PAW CHECK-IN SHEET/INFORMED CONSENT
FOR TREATMENT AND/OR ADMISSION**

OWNERS NAME _____ PET'S NAME _____ DATE _____

ADDRESS _____

I am over 18 years of age Yes _____ No _____ Pet Housed: Indoor _____ Outdoor _____ Both _____

Phone # where we can reach you: Home _____ Cell _____ Work _____

E-Mail Address: _____

WOULD YOU LIKE TO RECEIVE TEXT MESSAGES ABOUT YOUR PET'S PROGRESS WHILE THEY ARE IN THE CLINIC?

_____ No _____ Yes Phone number to text _____

Are you a new client? No _____ Yes _____ (if yes, and your pet has been seen at another clinic – is it ok to get the records from the previous clinic? (If applicable) Where? _____

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 _____

Describe the problem/symptoms they have been having:

When did you first notice the problem?

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

Diarrhea? No _____ Yes _____ (If yes describe frequency) _____

Vomiting? No _____ Yes _____ (If yes describe frequency) _____

Normal appetite/water intake? Yes _____ No _____ (If no, describe changes)

Normal activity level? Yes _____ No _____ (If no, please describe)

If necessary, can we sedate your pet? No _____ Yes _____ (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: _____

PLEASE SELECT ONE:

_____ Please have the doctor or staff call me after looking at my pet, but before performing any tests or treatment

_____ Do whatever is necessary and then call.

Bloodwork (Chemistry profile/CBC/Lytes) Approximate cost is \$125.00

X-rays (two views) Approximate cost is \$130.00

Ultrasound – Approximate cost is \$75.00

SIGNATURE: _____

INFORMED CONSENT FOR TREATMENT

I understand that if I checked yes – “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 and 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 also am aware that during the hours of 6:00pm and 6:30am there is **not** overnight staff to continuously monitor my pet at the Hoof and Paw Veterinary Clinic – and that upon my request and expense a referral to an emergency 24 hour 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 person