

Dunkirk Animal Hospital

CONSENT FOR ADMISSION AND TREATMENT



Date: {CURRENTDATE[SHORT]}
Client ID: {ID}
Client Name: {FULLNAME}
Client Address: {ADDRESS1}, {CITY}, {STATE} {POSTALCODE}
Client Telephone: {PHONENUMBER}

Patient ID: {PATIENTID}
Patient Name: {NAME}
Patient Age: {AGE}
Patient Gender: {SEX}
Patient Species: {SPECIES}
Patient Breed: {BREED}
Patient Weight: {CURRENTWEIGHT} {CURRENTWEIGHTUNIT}



PRIMARY PROCEDURE(S)

Best telephone number(s) to contact you: _____

Procedure(s) to be performed: _____

Pre-existing condition(s): _____

Current medication(s): _____

Some procedures and/or operations require clipping of your pet's hair. Please inform the staff if you have any concerns regarding clipping.



ANCILLARY PROCEDURE(S)

Vaccinations current: YES NO

If no, what vaccinations are to be administered: _____

Do you want your pet to receive a microchip [\$65.00]? YES NO



PRE-ANESTHETIC DIAGNOSTICS AND INTRAVENOUS CATHETERIZATION

Dunkirk Animal Hospital recommends pre-anesthetic blood profiles for all pets 8 years of age and older.

Pre-anesthetic blood profile [\$115.00] YES NO Per Dr.

Dunkirk Animal Hospital recommends intravenous catheter placement for all pets 10 years of age and older.

Intravenous (IV) catheter placed and fluid administered [\$76.00]: YES NO Per Dr.

