OFFICE USE ONLY		
Date:	Doctor:	Previous weight:
Tech:	Client ID:	Pet ID:



Surgical Patient Intake & Consent Form

Client Name:				Pe	Pet Name:					
Address:City/ST/Zip:					Species: Breed:					
					eight Today:	Ge	nder:			
Home P	Home Phone: Cell Phone:			Co	lor:		Ag	Age:		
Telepho	one number where	we can reach you <u>to</u>	oda <u>v</u> :							
Emerge	ncy Contact Perso	n:		Er	nergency Phone	::				
1.	If any vaccines ar	e overdue, would yo	ou like to upda	te your pet's	vaccinations or	annual tests tod	ay? Yes	s No		
2.	If yes, please che	ck all that apply. Ca	ts: Rabies	FVRCP	Leukemi	a Fecal				
	Dogs: Rabies	Distemper	Lepto	Bordetella	Influenza	Heartwor	m test Fo	ecal		
3.	Any pre-existing	health conditions?	Yes	No						
	If yes, please exp	lain								
4.	Has your pet had	anything to eat/drin	nk within the la	ast 10 hours?	Yes	No				
	If yes, please exp	lain								
5.	Is there any histo	ory of seizures?	Yes	No						
	If yes, please exp	lain								
6.	Has your pet had	any previous anesth	netic complicat	tions?	Yes No					
	If yes, please exp	lain								
7.	Is your pet allerg	ic to any medication	s or vaccines?	Yes	No					
	If yes, please exp	lain								
8.	Is your pet curren	ntly on any medicati	ons? Ye	es No						
	If yes, please exp	lain								
9.	Would you like y	our pet to be perma	nently identifie	ed by microcl	nip? Yes	No	Scan			
	Microchip # on fi	ile:								
10.	Complimentary r	nail trim? Yes	No							
Should pursue : initiatio	my pet require car such medical care n of CPR procedur	e for Cardiopulmona diopulmonary resus as indicated below. es, and a veterinaria ase. Please select on	citation (CPR), I agree that if t In determines t	I request or the Metzler V that there ap	eterinary Hosp pears to be virt	ital staff is unablo ually no hope for	e to reach me	after the		
C	ONSENT for CPR	l request Cardiopu all financial respo	•	•	R) to be perforn	ned on my pet. I	understand an	d assume		
DE	ECLINE CPR	Do not Resuscitate	e my Pet. I reqi	uest that NO	CPR be perform	ned on my pet.				
Signatu	ro				 Date					

Please read and initial each line:
I understand the importance of the accuracy of all information given above regarding the health and history of the animal and fully understand that any false or omitted information may negatively affect its health and safety. I furthermore understand that I am fully responsible for any negative consequences resulting from inaccurate or omitted information in relation to the animal and questionnaire listed above. I assume all risks including, without limitation, the risk of administration of anesthesia and surgery.
I understand that Metzler Veterinary Hospital RECOMMENDS that all animals be up to date on all vaccines as animals undergo surgery will be in a hospital setting with other patients who may or may not be for fully vaccinated.
I understand the risks associated with admitting my pet into a hospital including but not limited to, an increased risk of exposure to illness and contagious disease and I understand that I will be responsible for any treatment cost and/or further treatment cost due to illness or contagious disease.
It is thoroughly understood that Metzler Veterinary Hospital, it's staff and agents will not be held liable or responsible in any manner and I assume all risks including, without limitation, the risk of administration of anesthesia and surgery. Specifically, I waive all claims, damages and expenses, including reasonable attorney's fees and costs, in the event of illness, injury or death upon the animal name above arising out of the spay/neuter operation or any services provided incidental thereto.
Metzler Veterinary Hospital is a flea free facility. I am aware that if any live fleas are found at the time of intake, my pet it will be given a Capstar (24 hour flea pill) at an additional cost.
The veterinarian has described the procedures to be performed and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures.
I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Advanced Veterinary Medical Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects (which can present themselves well after the procedure) every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Advanced Veterinary Medical Center, the veterinarians, or any staff member liable for any complications that may arise.*
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Please read and initial the appropriate procedure: [] Orthopedic By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable: Anesthesia risk (death), aspiration pneumonia, surgical site infection, mal-union, non-union, dehiscence, implant failure/breakage, prolonged pain/poor use of limb, reluxation, continued arthritis, loss of use of limb, loss of limb.
[] Mass Removal By signing this form you agree that you have been made aware of the following possible outcomes, and you will not hold Metzler Vet/ NVA accountable:

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Anesthesia risk (death), aspiration pneumonia, surgical site infection infection, dehiscence, incomple ("dirty") margins, loss of use of body part, blindness (if surgery is near the eye)) prolonged pain, regro the tumor, metastasis (spread) of the tumor to other parts of the body, skin flap/graft necrosis	
[] General soft tissue By signing this form you agree that you have been made aware of the following possible outcomes, ar will not hold Metzler Vet/ NVA accountable: Anesthesia risk (death), surgical site infection, aspiration pneumonia, chronic infection, dehiscence, ne explore, septic peritonitis, loss of use of operated body part, failure of procedure, blindness/loss of ey surgery is near the eye)	egative
By signing this form you agree that you have been made aware of the following possible outcomes, are will not hold Metzler Vet/ NVA accountable: Anesthesia risk (death), seizures, respiratory arrest due to spinal cord compression, surgical site infection, aspiration pneumonia, implant failure/breakage, prolonged pain/poor use of limbs, complete paralysis, urinary/fecal incontinence, urinary tract infection, myelomalacia, recurrence of clinical signs disc re-herniation or metastasis (if a tumor is causing neurologic signs).	te
[] Urinary By signing this form you agree that you have been made aware of the following possible outcomes, ar will not hold Metzler Vet/ NVA accountable: Anesthesia risk (death), surgical site infection, aspiration pneumonia, dehiscence, stone recurrence, reurinary tract infection, trouble urinating, urinary incontinence, ureter damage, stricture formation	
[] Spay In the event the patient is found to be in heat, or if the uterus is enlarged for any other reason (such for surrounding the uterus and ovaries due to obesity), the attending veterinarian will continue with the state will be an additional charge added to your account	
CONSENT FOR SURGICAL PROCEDURE I, being of legal age and responsible for the animal described above, have the authority to grant Metzler Veterin Hospital/NVA and its staff members my consent and I hereby give such consent to receive, transport, prescribed and/or perform surgery upon the animal named above. I understand that reasonable precautions will be used a injury, escape, or destruction of the animal. I understand that the attending veterinarian can refuse to perform a procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.	l for, treat gainst
Signature Date	