



Patient: _____

Is a **MUZZLE** helpful when handling your pet today? Yes No

Client: _____

Weight

Account #: _____

Best Phone# to reach you at today: _____

Email Address: _____

Secondary Contact & Phone #: _____

Today's Procedure(s): _____

None Today

Please mark the following optional services you would like today. Additional cost applies.

- | | |
|---|---|
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Fecal Analysis |
| <input type="checkbox"/> Microchip Placement | <input type="checkbox"/> Deciduous Teeth |
| <input type="checkbox"/> Heartworm Test | |

Pre-anesthetic Blood Screening

Pre-anesthetic blood work is an important part of preparing your pet for surgery. It can detect abnormalities in blood counts, organ functions, and reduces the risk of complications during surgery.

Unless otherwise noted by your veterinarian, blood screening for pets over **5** years of age, is required within 3 months of surgical procedure. For pets **under 5** blood work is optional, but still recommended.

- I **APPROVE** blood screening today & the cost associated
- My pet recently had their blood screened. **Date:** _____
- I **DECLINE** blood screening today
- Blood screening **not needed** today. **Staff verification** _____ **Age:** _____

Vaccines

Keeping your pets current on their vaccinations is their best defense against disease. In order to proceed with today's procedure, we require that all species appropriate vaccines are up to date. If your pet is not up to date, unless otherwise instructed by your veterinarian, we would be happy to administer the missing vaccine(s) today. If your pet is up to date, but have had the vaccines done elsewhere, documentation from a shelter or veterinarian must be presented @ check-in.

My pet is **not up to date** on all vaccines and I give permission for Animal Cracker's staff to administer the following vaccinations today:

DOGS: Rabies DHPP Combo Bordetella

CATS: Rabies FVRCP FeLV

Staff Verification _____

My pet is **up to date** on all vaccines required for today's procedure, and if needed, documentation from another shelter or vet has been presented.

Staff Verification _____

Histopathology

We always advise doing a laboratory analysis, on any masses, growths, or stones that are removed from your pet's body.

- Not Applicable**
- I **APPROVE** an analysis & the associated cost(s)
- I **DECLINE** an analysis

Patient History

What time did your pet last **eat/drink**? _____ : _____ am / pm

Yes **No** Has your pet shown any signs of **illness** in the last 24hrs, like vomiting, diarrhea or lethargy?

If Yes, Please explain: _____

Yes **No** Has your pet been **diagnosed** with any of the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Heart Condition/Murmur | <input type="checkbox"/> Respiratory Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Epilepsy (Seizures) | <input type="checkbox"/> Other Concerns _____ |
| <input type="checkbox"/> Collapsing Trachea | |

Yes **No** Is your pet currently taking any **medication(s)** including supplements or insulin?

If Yes, Name: _____ Dose: _____ Last given _____

Name: _____ Dose: _____ Last given _____

Yes **No** Has your pet had any previous trouble with **anesthesia**?

If Yes, Please explain: _____

Even the kindest of animals can feel nervous, anxious, or scared.

They may react by growling, biting, or urinating.

Please list any **concerning behaviors** that you are aware of that your pet might display while with us.

Is there anything we can do to help your pet feel more **comfortable**?

Photo Release

*Want a great opportunity to show off your fur baby? We would like **permission to snap a photo** of your pet and/or their procedure for use on social media. Surgery can be a great learning tool! Plus, we know how hard it can be for you & your pet to be apart, so if you would like, we would be happy to send you a complimentary picture update during their stay here. We want you to help you feel comfortable & connected while your loved one is in our care. **May we have permission to take photo(s) of your pet?***

- Yes, you may take and use photo(s) of my pet however you see fit
- Yes, but only for use within Animal Crackers
- No, please don't take photos of my pet

Knowledge of Risk, Surgical Consent & Financial Responsibility

I certify that the above pet belongs to me, or is in my care, and I have authority to request that today's procedure(s) be done.

I understand that during my pet's stay & procedure(s), great care and caution will be taken to ensure my pet's health and safety. I am aware that sedatives & anesthetics pose a risk to my pet's quality of life, and I understand that in rare circumstances, unforeseen conditions may arise that necessitate additional treatments, procedures, and/or diagnostics. I authorize the veterinarians here at Animal Crackers, and their veterinarian directed staff, to carry them out as needed, at my cost, unless otherwise waived. I will not, under any circumstance, hold Animal Crackers, or their staff, responsible for any illnesses, injuries or loss that may occur as a result of today's stay & procedure(s).

I have read all the information presented above. I understand it, and I authorize the staff at Animal Crackers to proceed with today's procedure(s), as stated above. I am aware that by signing the attached estimate for today's procedure, I agree to pay, in full, for the services rendered to my pet when I pick him/her up. We accept cash, cards, certificates for spay & neuter & Care Credit.

Client Signature: _____ Printed Name: _____

DNR

Should an emergency occur and you cannot be reached immediately, does the staff at Animal Crackers have permission to do what it takes to keep your pet alive till we get ahold of you?

- YES**, please **DO** everything you can to keep my pet alive.
- NO**, please **DO NOT** perform any additional services to keep my pet alive.