METAIRIE SMALL ANIMAL HOSPITAL

Medical Treatment Consent Form

Owner: _____

Address: _____
_____

Phone # _____ Today's contact # _____

Pet's Name: _____ Species: _____
Breed: _____ Color: _____
Sex: _____
Primary Veterinarian _____

Primary Problem_____

Duration_____

(please check all that apply and list duration if different from above):

GI:
- ☐ vomiting
- ☐ diarrhea
- ☐ not eating
- ☐ weight loss
- ☐ change in eating habits

SKIN:
- ☐ itching/scratching(location) _____
- ☐ bumps
- ☐ hair loss
- ☐ growth/tumor(location) _____

EARS: ☐ R ☐L ☐Both
- ☐ head shaking
- ☐ scratching
- ☐ redness/ discharge

URINARY:
- ☐ frequent urination
- ☐ blood in urine
- ☐ unable to urinate
- ☐ urination in unusual places
- ☐ change in drinking habits

EYES:
- ☐ discharge
- ☐ redness
- ☐ other _____

GENERAL:
- ☐ lethargy
- ☐ other _____

RESPIRATORY:
- ☐ coughing
- ☐ sneezing
- ☐ difficulty breathing

MUSCULOSKELETAL:
- ☐ limping(which leg) _____
- ☐ slow to get up after rest
- ☐ back pain

Other problems(please specify)_____

Current medications: _____

Please select any other services you would like performed while your pet is here:
☐ Nail clip ☐ Ear cleaning ☐ Express anal sacs ☐ Microchip(AVID)
☐ Other _____

Consent for Treatment:
As the owner or agent of the animal described above, I hereby authorize the veterinarians of Metairie Small Animal Hospital to perform the above described procedures. I also agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforseen circumstances. If in the judgement of the attending veterinarian, unforseen conditions arise that call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for furthur consent are unsuccessful.

I have read and understand this consent.

_____ _____
Signature of owner or agent Date