



I, Owner and/or representative of _____ give Eagle's Nest Animal Hospital permission to perform the following procedure(s) on my pet:

Client Name:	Date:
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Medical Information

Please list any medications (prescription, monthly prevention, or over-the-counter) that your pet has taken in the last 14 days:
When was your pet's last meal?
<i>(Female patients ONLY)</i> When was your pet's last heat cycle?
<i>(Feline patients ONLY)</i> Feline leukemia/FIV status:
Is your pet on monthly heartworm prevention ? YES NO
I would like to have my pet microchipped while under anesthesia for an additional \$51.26. Please check one: YES NO
Any other concerns we need to know about?

Consent	Initial
In an effort to provide your pet with the best care, pre-anesthetic blood work, IV catheter placement, and IV fluids are included in surgical and anesthetic procedures, subject to the pet's individual needs. While these steps are taken to make anesthesia as safe as possible, I understand that complications (including death) are an inherent risk of anesthesia.	
All patients must be free of external parasites. Animals with fleas and/or ticks present will be administered a preventative at the owner's expense.	
For the protection of our patients and staff, all patients being admitted must be current on the Rabies Vaccine. If necessary, an exam will be performed and vaccines will be given per the veterinarian's approval.	

If my pet requires emergency resuscitation (CPR) , please do the following; Initial A or B: A. _____ DO NOT perform CPR on my pet. I decline CPR for my pet. B. _____ Request for CPR. Having requested such emergency procedures, I agree to be held responsible for the additional services performed.

Client Signature:	Date:
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Phone:	Clinic Witness:
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Secondary Phone Number (if applicable):
