East Dallas Veterinary Clinic
8541 Ferguson Road
Dallas, TX 75228
214-328-9935

Owners Name: _____ **Pets Name:** _____

Doctor preferred: ☐ Dr. Cantrell ☐ Dr. Ellsworth ☐ Dr. Martin ☐ No preference

Phone Number to be reached at today:

Please answer the following questions:

☐ Yes ☐ No Is your pet on heartworm prevention?
☐ Yes ☐ No Has your pet been checked for internal parasites within the past 6 months?
☐ Yes ☐ No Any vomiting, coughing or diarrhea noted?
☐ Yes ☐ No Has your pet eaten this morning?
☐ Yes ☐ No Has your pet been ill or injured in the past 30 days?
☐ Yes ☐ No Is your pet allergic to any medications? If so, what?

For the safety of your pet we require preanesthetic screening, completed within 2 weeks prior to anesthesia. This allows us to detect any internal problems that may not be evident upon physical examination.

- For pets 7 years and younger a blood panel will be performed. (Cost $65)
- For pets 7 years and older a blood panel, urinalysis, and EKG will be performed. (Cost $135)

For Geriatric (pets 7 years and older) or High Risk Patients, we recommend using special anesthetic procedures (propofol, sevoflorane, and midazalam). (Average Cost $125)

☐ YES I do want the special anesthesia procedures ☐ NO I do not want the special anesthesia procedures

Under certain circumstances special anesthetic procedures will be used per Doctor discretion.

I hereby give my consent to East Dallas Veterinary Clinic to perform the following procedures:

1. _____ 2. _____

3. _____ 4. _____

At the Doctor's discretion, IV induction anesthesia may be used at an additional cost, approximately $10, primarily for the safety and comfort of dogs that are elderly, weigh over 40 pounds, or become fractious when being anesthetized.

We include a pain package for our surgical patients. This is an additional but minimal charge and allows your pet to be significantly more comfortable during recovery. Complete information concerning administration of pain medication will be given upon discharge of the patient.

Also available at your request at additional charges:

☐ Yes ☐ No Nail Trim - $9.75
☐ Yes ☐ No Microchip for identification - $70.25
☐ Yes ☐ No Express Anal Glands - $11.25
☐ Yes ☐ No Clean Ears - $12.25

- I authorize the Doctors/Technical Staff of East Dallas Veterinary Clinic to administer treatment as is needed; perform surgical procedures as deemed necessary, and perform such additional procedures as are considered therapeutically and/or diagnostically indicated on the basis of findings during the course of evaluation. I consent to the administration of necessary anesthetics. I am aware that unforeseen events will **not** relieve me from any obligation for all reasonable costs incurred regarding my pet.
- I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above-named procedure(s). I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital.
- I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously.
- I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize results cannot be guaranteed. The Hospital will use all reasonable precautions, but the Hospital will not be held liable or responsible for occurrences beyond its control.
- I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand hospital staff will be utilized as deemed necessary by the veterinarian.

Please note: Any pet found carrying **fleas and/or ticks** will be treated at an additional expense.

I have read and understand this authorization and consent.

Signature: _____ Date: 07/14/2010

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