



PRE EXAMINATION HISTORY AND CONSENT FORM

Please complete the information below so we can keep our records up to date

Owner's Name _____ Date _____ Pet's Name _____
Email Address _____

Has your address or contact information changed since your last visit? Yes No
(If so please let receptionist know so we can update our records)

REASON(S) FOR TODAY'S VISIT _____

What brand of food do you feed your pet? _____ How much? _____ How often? _____

Has your pet eaten today? Yes No What? _____ What time? _____

Does your pet take any medications and/or nutritional supplements? Yes No
If so, what kind and please write when it was given last?

Does your pet have any allergies? Yes No What kind? _____

Do you use a flea/tick preventative? Yes No What kind? _____

Does your pet have a microchip? Yes No

If not, would you like one implanted today? Yes No
(Cost of HomeAgain Microchip Implant is \$73.35, which includes a year of registration)

DOG:

Is your dog given heartworm preventative year round? Yes No
What Kind? _____ Date administered? _____

Does your dog... (Please circle if yes)

Hunt? Run/hike in the woods? Have exposure to livestock urine? Groom? Come in contact with other dogs?

Will your dog be boarding in a kennel within the next year? Yes No

CAT:

Does your cat go outside? Yes No

Has your cat ever been tested for leukemia or feline aids? Yes No

If no, would you like your cat to be tested today? Yes No

Has your cat ever been tested for heartworm disease? Yes No

Is your cat on monthly heartworm prevention? Yes No

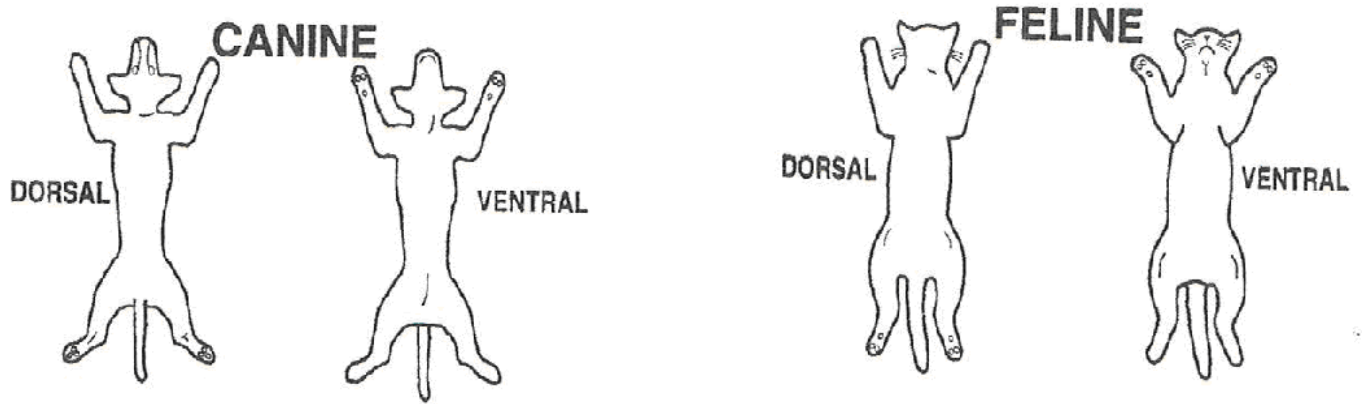


HAS YOUR PET SHOWN ANY OF THE FOLLOWING SYMPTOMS? (circle if yes)

- Weight gain
- Weight Loss
- Appetite increase
- Appetite decrease
- Vomiting
- Diarrhea
- Constipation/difficult defecation
- Increased drinking
- Decreased drinking
- House soiling-incontinence/dribbling stool/urine
- Bad breath
- Difficulty chewing
- Drooling
- Coughing
- Sneezing
- Wheezing
- Gagging
- Choking
- Difficulty climbing stairs
- Uncoordinated
- Lameness
- Stiffness
- Decreased activity
- Listlessness
- Weakness
- Muscle tremors
- Shaking
- Seizures
- Unusual discharge
- Body odors
- Scotting rear end
- Head tilt
- Ear scratching/rubbing
- Increase in grooming behavior
- Decrease in grooming behavior
- Itching
- Scratching
- Poor coat
- Hair loss
- Behavior change
- Skin problem



Lumps or bumps? (Please note location on diagrams below)



I am the owner or agent for the above named animal and have the authority to execute this consent.

I hereby authorize Agawam Animal Hospital to perform professional services that are, in their opinion, advised for treatment and maintenance of my pet's health and well being. I also authorize the following to be performed, if deemed necessary:

Blood work _____ (Please initial) X-Rays _____ (Please initial) Sedation/Anesthesia _____ (Please initial)

Surgery Consent

Surgery _____ (Please initial)

Pre-Anesthetic Blood Work Consent Form

If your pet is here for a procedure involving sedation/anesthesia, please read the following carefully and indicate your preference by signing below.

A complete physical exam will be performed prior to any anesthesia/sedation to assure your pet's health and safety. Along with the physical examination, we strongly recommend a few simple laboratory tests to determine your pet's ability to tolerate the procedure and assure that it is a low-risk patient. The screening includes a complete blood count and a chemistry profile. This will demonstrate your pet's ability to metabolize the sedation/anesthesia properly.

****ALL PETS 8 YEARS AND OLDER MUST HAVE PRE-ANESTHETIC BLOODWORK DONE BEFORE ANY SEDATION/ANESTHESIA (IT IS NOT OPTIONAL)****

****Every dog must have an annual heartworm test prior to anesthesia****



We have the latest in laboratory equipment/technology, which makes this procedure quick, easy, and inexpensive. We are proud to be able to offer this benefit to our clients. There is an *additional* charge of **\$69.35** for the screening and we feel it is an important step to insure your pet's safety and level of risk.

Please initial below to give your consent to the pre-anesthetic blood work and to show that you fully understand that there will be an additional cost for the blood work, and that it is an assurance, not a guarantee of your pet's suitability for anesthesia.

Pre-Anesthetic Blood Work _____ (Please initial) Yes No

I UNDERSTAND PROFESSIONAL SERVICES ARE TO BE PAID AT THE TIME THEY ARE SERVICED

I will satisfy payment by the following method: Cash _____ Check _____ Master Card/Visa/Discover _____

The number where I can be reached at today is:

Print Name _____ Sign Name _____

Admitting Technician Initials _____