

# IN-PATIENT RELEASE

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Address, Phone or E-mail corrections?  No  Yes, **and the changes are:**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

My pet is being dropped off for the following reason/treatment: \_\_\_\_\_

Duration of the problem: \_\_\_\_\_

Location of the problem: \_\_\_\_\_

Is your pet currently on medication?  Yes  No

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Last Given: \_\_\_\_\_

## History

Yes No

Did your pet eat this morning?  Weakness? How long? \_\_\_\_\_

Was food offered?  Coughing? How long? \_\_\_\_\_

May we sedate/anesthetize your pet if necessary?  Gagging? How long? \_\_\_\_\_

Has your pet had any reaction to medications?  Scratching? How long? \_\_\_\_\_

Has your pet had any reaction to vaccines?  Shaking Head? How long? \_\_\_\_\_

Has your pet had any reaction to anesthesia?  Scooting? How long? \_\_\_\_\_

Has your pet had any reaction to anesthesia?  Seizures? How long? \_\_\_\_\_

Has your pet shown any sign of the following:  Urinating more or less than usual? How long? \_\_\_\_\_

Vomiting? How long? \_\_\_\_\_  Limping? Which leg? \_\_\_\_\_

Diarrhea? How long? \_\_\_\_\_ How long? \_\_\_\_\_

Lethargy? How long? \_\_\_\_\_  Weight loss or gain? \_\_\_\_\_

No Appetite? How long? \_\_\_\_\_  Unusual lumps or bumps? \_\_\_\_\_

## CONSENT:

I agree to the following procedures: (to be filled out by staff) \_\_\_\_\_

In the event of an emergency or if further diagnostics are needed, we will make our best effort to reach you.

However, should we be unable to reach you, please choose and initial one of the following choices:

I **DO** authorize additional treatment without my consent

Do whatever is needed.

Up to \$\_\_\_\_\_ in additional treatments beyond what is stated above.

I **DO NOT** authorize additional treatment of ANY kind beyond what is stated above without my consent.

I understand that, if I decline additional treatment, Pet Medical Center of Urbandale cannot legally continue diagnostics or treatment other than that described above or already approved on consent form without contacting you first. If I do not select either option, Pet Medical Center of Urbandale cannot legally continue diagnostics or treatment other than the described above. If I authorized additional treatment, I understand that I am fully responsible for any charges occurred for the diagnostics of my pet and agree to pay in full at the time services are rendered.

How may we reach you today? \_\_\_\_\_

Would you like text updates on your cell phone? Yes No

Cell phone if different than above: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

