



Patient's Name: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone Number we can reach you today:  
 \_\_\_\_\_

**Procedure(s):**

- Physical Examination
- Annual Vaccinations
- Hospitalization (including: IV Fluids, medication & other treatment if necessary)
- Sedation (if necessary)
- Other: \_\_\_\_\_

**Medical History (for office use only):**

**Symptoms:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior Vx/Tx/Hx?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Procedure Options:</b>			
As with all proper physical examinations certain symptoms, problems, and ages may indicate some of the following diagnostic and therapeutic options. Accepting the following items means that these procedures will only be performed if deemed necessary by the veterinarian to aid in diagnosis.			
Procedure:	Reason:	Accept:	Decline:
Hospitalization	To enable the veterinarian to properly monitor the patient, and to enable the Patient to receive appropriate treatment. This also includes the possibility of IV fluids, Medications, & other treatments.	<input type="checkbox"/>	<input type="checkbox"/>
Blood Work	To check organ functions, the oxygen carrying ability of blood, ability to fight infection, platelets for proper clotting, and to establish a baseline for future references.	<input type="checkbox"/>	<input type="checkbox"/>
X-Rays	Visibility of possible fractures, arthritis, joint problems, masses, and the size and shape of internal organs.	<input type="checkbox"/>	<input type="checkbox"/>

I understand that during the performance of the foregoing procedures, unforeseen conditions may be revealed that necessitates extension of the forgoing procedures or different procedures than those set forth above. Therefore, I hereby consent and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also **authorize** the use of appropriate anesthetics, and other medications, and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures and risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent. **I also realize that I am responsible for the FULL payment when my animal is released from the care of Powell Valley Animal Hospital.**

**Client Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Witness:**

\_\_\_\_\_