

HOSPITALIZATION CONSENT FORM

To: Brix Veterinary Service – Veterinarians and Staff

Owner's Name: _____ Name of Animal: _____
 Address: _____ Species: _____ Breed: _____
 _____ Color: _____
 Contact Phone: _____ Sex: _____ Date of Birth: _____

I am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the performance of the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I realize that results cannot be guaranteed. I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. The clinic is not staffed 24 hours a day, and no one resides at the clinic. Hospitalized animals are generally checked once each evening.

All hospitalized animals must be current on their vaccines. Vaccinations needed: _____

We recommend that all animals have a panel of basic blood tests performed prior to receiving an anesthetic. Do you want your pet to have this blood test panel performed?	Yes	No
If internal parasites (tapeworms, roundworms, etc) are discovered on your pet, do you authorize treatment for them?	Yes	No
Microchipping for the identification of your pet is available with the Home Again implant. Do you want your pet to receive this implant?	Yes	No

Did your pet eat anything today? If yes, how much and when? _____	Yes	No
Has your pet taken any medications during the past 10 days? If yes, please list the medications, amount, and when they were given: _____	Yes	No
Has your pet received any flea medication in the past 30 days? If yes, what product and when? _____ If external parasites (fleas, ticks, etc) are discovered on your pet, they will be treated to prevent their transmission to other animals in the clinic.	Yes	No

DOG:	We recommend that all dogs receive heartworm prevention. Is your dog currently on heartworm prevention? Date of last test: _____	Yes	No
	If no, do you want your dog tested for heartworms and placed on prevention?	Yes	No
Please note: If your pet is undergoing anesthesia, a current negative heartworm test is required.			

CAT:	Some apparently healthy cats can be carriers of Feline Leukemia Virus and Feline Immunodeficiency Virus. A blood test is available. Do you want this test performed?	Yes	No
	If ear mites are diagnosed on your cat, do you want your cat treated for them?	Yes	No

I understand that payment is due when the animal is released from the clinic.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Date

Please Print Name of Owner or Agent

Witness to Signature