



PROCEDURES/DROP OFF CONSENT FORM

I give permission for Dominion Animal Hospital to perform the following procedures on my pet _____.

Please list ALL medications or supplements that your pet is taking, current dose, frequency, and time they received last dose:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Time of last dose</u>

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any vomiting, diarrhea or coughing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? What time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet allergic to any medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any illness or injury in the last 30 days? |

Please check any additional procedures you would like performed today:

- Nail trim
- Express anal glands

RISKS:

There is a risk involved anytime your pet is sedated or goes under general anesthesia. Dominion Animal Hospital will take necessary measures to make sure your pet has a safe recovery. Dominion has a trained technician monitoring during every sedated procedure, and uses state of the art monitoring equipment to provide your pet with the best care.

Emergencies can arise with no time to waste. In the event that an emergency arises while your pet is in our care, please initial ONE below:

_____ I would like Dominion Animal Hospital to take all measures to keep my animal alive, including CPR and administration of emergency drugs.

_____ I would like Dominion Animal Hospital to refrain from resuscitation.

FOR DENTAL PATIENTS ONLY:

It is not uncommon to discover the need for extractions or periodontal surgery during the course of a routine dental cleaning. Dental x-rays may be taken to determine the need for further treatment and will be performed at the doctors' discretion. Please initial only ONE option below:

_____ Correct teeth or extract them at your opinion regardless of cost, I do not need to be contacted first.

_____ Do not repair or perform any extractions without contacting me first. We will attempt to contact you at the number you have listed below. If we are unable to contact you within 30 minutes, we will awaken your pet from anesthesia and the additional treatment will need to be performed at a later date, at an additional cost.

Signed _____ Print Name _____ Date _____

Phone number where I can be reached today _____ Admitting technician _____