



Oakton Animal Hospital

851 Oakton

Elk Grove Village, IL 60007

Name: New Client
Address: 851 Oakton

Elk Grove Village , IL 60007
Telephone: (555) 555-5555

Name: New Patient
Species: Other Small
Breed: Other Small
Sex: Undetermined
Color:
Birth Date: , 0 Yrs. 0 Mos.

We require that all patients be current on their Rabies and Distemper vaccines to be admitted to the hospital unless otherwise authorized by the doctor. Our records indicate that New Patient's vaccines are due:

I am the owner (or agent for the owner) of New Patient and have the authority to execute this consent. I do hereby consent and authorize the Oakton Animal Hospital and its staff to hospitalize my pet, and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors may deem necessary for the health, safety, and well-being of New Patient while he is under their care and supervision. I understand there is no guarantee or warranty made regarding the end result of treatment or surgery. With this understanding, I will hold Oakton Animal Hospital and staff free of any responsibility and/or liability in the absence of gross negligence.

I hereby consent and authorize the performance of the following procedures. The nature of such services has been described to me to my satisfaction.

I understand that anesthesia carries some risk. The anesthetic agent is removed from the body by the liver and kidneys, therefore, it is important to know prior to the administration of anesthesia that these organs are functioning properly.
PLEASE INITIAL EACH SERVICE

A Pre-operative Blood Screening (this is a 6 panel test) is required on all pets 2 years of age and older.
If New Patient is under 2 years of age, do you request:
a Pre-operative Blood Screening? (Cost \$75.00) ___YES ___NO **REQUIRED/DONE**

Has New Patient been given any medication, including over-the-counter medications, within the past 24 hours?
___YES ___NO. If yes, medication name _____ Time given _____.

Has New Patient eaten within the past 8 hours? ___YES ___NO. If yes, what time _____.

I assume financial responsibility for all services rendered, even in the case of unforeseen events or conditions necessitating additional procedures. I expect Oakton Animal Hospital and its staff to use reasonable judgment in performing these additional procedures and will assume any additional costs incurred.

Signed _____ Date _____

TELEPHONE NUMBER(S) AT WHICH I MAY DEFINITELY BE REACHED

(555)555-5555 :
Any Additional Numbers _____

Hospitalization, Surgical Release and Additional Professional Services Request

While my pet is under anesthesia, I would like the following additional procedures:

(Please INITIAL additional requests)

_____ General Health Blood Panel instead of Pre-surgical Blood Screening (\$161.50)
This is a 12 panel Blood Test reporting more information to the Doctor.

_____ I.V. Fluids (\$53.50)
Maximizes safety by supporting kidney function and provides easy access for
Emergency drugs if needed.

_____ I.D. Chip Implant (\$70.50) Registration additional
Helps ensure that your lost pet makes it home.

_____ Dental Cleaning (\$235.00 for routine procedure) Does not include extractions.
Keeping your pet's teeth clean is essential to a longer, healthier life.

_____ Post surgical incision or dental extraction treatment with Laser Therapy unit.(\$15.00)
Significantly minimizes post operative pain and speeds healing, resulting in a faster return to
normal activity.

_____ Nail Trim (\$16.50)

_____ Anal Glands Expressed (\$26.50)
Easily performed while under anesthesia if your pet has required this procedure on a routine
basis or recommended by the doctor.

_____ Ear Exam (\$14.00)/Ear Flush/Cleaning (\$29.50)
Easily performed while under anesthesia if your pet has required this procedure on
a routine basis or recommended by the doctor. If the exam indicates no need for an Ear Flush/
Cleaning, an exam fee will be the only charge.

The staff of Oakton Animal Hospital (_____ does have)/ (_____ does not have) my permission to provide life-saving emergency care should an unexpected event occur requiring such action. I understand these procedures will be charged at reasonable costs and are my financial responsibility.

Signed _____ Date _____