



Name: _____

Pet: _____

Procedure: _____

Vaccinations ___ UTD

Needed



Bloodwork: I understand that it is good ethical medicine to perform bloodwork on any animal undergoing anesthesia. I also understand that it is not required, but recommended for animals undergoing anesthesia. By signing and accepting or declining bloodwork, I acknowledge the risk that anesthesia may cause my pet. (Cost ~ \$80-100)

Accept / Decline (Please circle one).

Signature _____

Extractions: For the best dental health care of your pet, extractions will be performed if necessary. Cost for extractions will vary according to number and difficulty of procedure. By signing below, you accept responsibility for payment for all dental services performed.

Signature _____

Additional Patient Information:

Has your pet eaten today (including treats)? YES / NO. If yes when? _____

Is your pet on any medication? YES / NO Did you bring the medication with you? YES / NO

Do you need a refill on any medication? YES / NO If yes, which medication needs refilled? _____

Is your pet microchipped? YES / NO If not, would you like for them to be microchipped while sedated? YES / NO

While your pet is at Tigertown Veterinary Hospital, we will care for them as if they were our own.

1. Pain Control – TTVH pain management philosophy – Our clinic strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during & after surgery
 2. For the protection of your pet as well as our other patients, TTVH requires your pet be up-to-date on vaccinations and be parasite free. We will update vaccines if necessary.
 3. Pets must be on heartworm prevention or have had a negative internal parasite exam within the last 6 months to ensure the pets in our care are not exposed to internal /external parasites while boarding/hospitalized.
 4. We strive to have a flea/tick free facility and any pet with evidence of infestation will be treated.
- You will be responsible for any fees incurred for the treatment of your pet while they are in our care.**

"If I neglect to pick up my pet within 10 days of the scheduled date of discharge, you may consider that the pet is abandoned and are hereby authorized to make arrangements or my pet is Tigertown Veterinary Hospital deems best"

Anesthesia Release – I understand the nature/ purpose of the procedures, risks involved and I know that possible complications could arise. I understand there are no guarantees or assurances of the outcome of said procedures and that the anesthetics used in this hospital are among the safest used in veterinary medicine, NO anesthesia is without risk. I release Tigertown Veterinary Hospital and its associates from any potential liability. I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

Owner/Agent Signature: _____

Date: _____

Contact Phone Number where you can be reached TODAY : _____