

Consent Form for

Clients Full Name

Date:

Pets Age

Pets Birthday

Reason for Hospitalization:

Duration of Symptoms:

Appetite:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown	Comments:
Water Consumption:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown	Comments:
Urine Output:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown	Comments:
Stool Output:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown	Comments:
Activity Level/Behavior:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown	Comments:
Vomiting:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	Comments:
Diet: {Brand and Quantity}				

Medications:

Bloodwork (\$140-\$189)	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Call O if needed
Radiographs (\$140)	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Call O if needed
Urinalysis/SED/Culture and Sensitivity	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Call O if needed
Sedation/Reversal (\$127.20)	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Call O if needed

Your pet is being admitted in the hospital as an impatient today. In order to recognize any underlying abnormalities, your pet will have a full comprehensive physical exam (\$53.50) and may need a full blood profile completed. This full blood profile consists of a CBC, which will give us complete blood cell counts, and a chemistry panel consisting of ALB, ALT, ALKP, AMYL, CA, CHOL, GGT, LIPA, PHOS, TBIL, CREA, GLU, TP, and BUN, which will check several internal organ functions. These blood tests will help us to assess the health status of your pet more completely and determine if there are any internal disease processes present. Some pets may require additional treatments such as IV Catheter, IV fluids, medications, radiographs etc. all at additional costs. We will contact you at the phone number you provide before these additional tests are performed.

Should unexpected life-saving emergency care be required during a time when staff members are unable to reach me, the Kewaskum Veterinary Clinic has my permission to provide such life saving treatment(s) and I agree to pay for such care.

Should unexpected life-saving emergency care be required during the time when the staff members are unable to reach me, I ask the Kewaskum Veterinary Clinic staff **NOT** undergo resuscitation and life support and I agree to pay for such care and disposal of my pet.

I understand and accept that some risks may be present during tests, treatments, and/or anesthesia and that I am encouraged to discuss any concerns I have about those risks with the attending Veterinarian and staff. I agree to assume financial responsibility and provide payment via cash, credit card, care credit or check. I have read fully and understand the terms and conditions set forth above. While I accept that all procedures will be performed to the best of the abilities of the staff at the Kewaskum Veterinary Clinic, Inc., I understand that no guarantee or warranty has been made regarding the results that may be achieved.

Facebook Photo Consent:

Belongings/Medications:

Home/Emergency Number:

Witness initials:

Signature of owner or authorized agent

Date: