

ABC Animal Clinic & Hospital

500 S. Freeway
Ft. Worth, Texas 76104
(817-332-8787)

**How Did You Hear
about Us! Please check**

Friend _____

Internet _____

Newspaper Add _____

Flyer _____

Other _____

Client Registration Form: Please fill out completely in order for your pet to be treated.

Please Read Before Signing

1. Have you ever been here before with this or any other animal? Yes _____ No _____

2. Is your pet currently on any medication? Yes _____ No _____
If yes, please explain. _____

3. Has your pet been vaccinated in the past 12 months? Yes _____ No _____
If yes, please check the vaccines that were given. **Current records must be on file.**

Canine-Rabies _____ Distemper _____ Parvo _____ (required for surgery) Corona _____ Bordetella _____

Lymes _____ (all required for boarding)

Cats-Rabies _____ Distemper _____ (required for surgery) Feline Leukemia _____ (all required for boarding)

4. Is your dog on Heartworm prevention? Yes _____ No _____

If No, we STRONGLY recommend a Heartworm test prior to surgery. _____
(Discuss)

5. Has your pet had any other illness or surgery? Yes _____ No _____

If yes please explain _____

6. DOES YOUR PET HAVE ANY KNOWN REACTIONS OR ALLERGIES?

YES ___ No ___ Explain _____

7. Has your pet been Spayed or Neutered? Yes _____ No _____

8. Is there any unique problem or request that we should know about to help us care for your pt? _____

**Any surgery involves some element of risk. Any undiagnosed disease may complicate surgery and recovery.
I UNDERSTAND THIS AND RELEASE MY PET TO THE CARE OF ABC ANIMAL CLINIC AND HOSPITAL**

**AFTER READING THE ABOVE I UNDERSTAND AND AGREE.
I ALSO AGREE PAYMENT IS DUE AT THE TIME OF SERVICE.**

_____ Date _____ D.L.# _____
Signature - Pet Owner / Responsible Party

Pet Name _____ Breed _____ Color _____

Please print legibly

Dog ___ Cat ___ Age _____ Male ___ Female ___ Is your female pregnant? _____ (add'l fee)
Is your female in heat? _____ (add'l fee)

Owner's Name _____ Phone #'s (H) _____ (W) _____

Address _____ City _____ Zip _____

Client please Check Off All Services Needed. E-mail optional: _____

Surgery.....Neuter ___ Spay ___ Declaw ___ Dental ___ Other _____

Vaccinations....(dogs) Rabies ___ Distemper ___ Corona ___ Parvo booster ___ Bordetella ___ Lymes ___
(cats) Rabies ___ Distemper (PCR & Chlamydia) ___ Feline Leukemia ___

Lab Work.... Heartworm Check ___ Combo Felv / FIV ___ Fecal floatation Test for intestinal worms ___

Misc....Nail Trim _____ (**GROOMING by appointment only** _____)

FOR PATIENTS STAYING WITH US
TREATMENT AND SURGERY AUTHORIZATION

As owner, or duly authorized agent of the owner, of the animal described hereon, I hereby consent to, and order hospitalization, treatment and / or surgery to be performed with humane care. The health of the animal, the best interest of its owner, and the welfare of our fellow man will be the primary considerations of the attending veterinarian(s) and their agents. The veterinarian(s) and their agents will not be held liable or responsible in any manner whatsoever, for circumstances, on account of the care, treatment, or safe keeping of the animal described hereon, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. In case of death of same animal, I further authorize the attending veterinarian(s) to dispose of the remains in accordance with hospital policy.

In case of an abandoned animal, written notice will be mailed to the below to remove the animal. Twelve (12) days after written notice the animal may be disposed of, or destroyed as the attending veterinarian(s) deem best and it is understood that by so doing it does not relieve me from paying all costs for their services.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS ANIMAL HAS NOT BITTEN ANY PERSON DURING THE PAST FIFTEEN (15) DAYS PRECEDING THIS DATE.

Phone # (C) _____

Phone # (W) _____

Signature _____ Date _____

Phone # (H) _____

Address _____ City _____ Zip _____

Animal Name _____ Procedure _____

PRE-SURGICAL BLOOD PROFILE

ANESTHESIA SAFETY EVALUATION TEST

The safety of modern anesthesia has increased substantially with increased knowledge, modern equipment and modern anesthetic drugs. Anesthesia is, however, never trivial or routine. Because we are concerned about your pet, we would encourage you to have a pre-operative blood profile performed on your animal to check vital organ functions **BEFORE ANY ANESTHETIC PROCEDURE**. The blood profile is run before surgery and cost an additional **\$47.00**. The purpose of the test is to evaluate liver and kidney function. The body depends on the liver and kidney to metabolize and excrete the anesthetic agents. Poor liver and kidney function can complicate surgery and recovery and is a very important factor in anesthesia.

****Please Choose One! Signature Required.***

Yes, I authorize a Pre-surgical Blood Profile. _____

No, I decline the Pre-surgical Blood Profile. _____