

East Dallas Veterinary Clinic
8541 Ferguson Road
Dallas, TX 75228
214-328-9935

Owners Name: _____

Pets Name: _____

Doctor preferred: Dr. Cantrell Dr. Ellsworth Dr. Martin No preference	
Phone number to be reached at today?	
Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is your pet on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your pet been checked for internal parasites within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Any vomiting, coughing or diarrhea noted? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your pet eaten this morning? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your pet been ill or injured in the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your pet allergic to any medications? If so, what?	
Please authorize the desired procedures:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Dental - Level Unknown: To be determined after examination by doctor <input type="checkbox"/> Yes <input type="checkbox"/> No Dental - Level I <input type="checkbox"/> Yes I am willing to try oral home care products. <input type="checkbox"/> Yes <input type="checkbox"/> No Dental - Level II <input type="checkbox"/> No I am not willing to try oral home care products. <input type="checkbox"/> Yes <input type="checkbox"/> No Dental - Level III <input type="checkbox"/> Yes <input type="checkbox"/> No Dental - Level IV <input type="checkbox"/> Yes <input type="checkbox"/> No Dental - Recheck	
Please refer to our Schedule of Fees, Dental Disease, Prevention, and Treatment - for elaboration on these Levels. After all tartar and plaque have been removed, our dental technician uses Dental X-Rays and special equipment to see if there is advanced gum disease or infected teeth. Based upon findings of this examination, the level of periodontal disease may change.	
For the safety of your pet we require preanesthetic screening, completed within 2 weeks prior to anesthesia. This allows us to detect any internal problems that may not be evident upon physical examination.	
<ul style="list-style-type: none"> • For pets 7 years and younger a blood panel will be performed. (Cost \$65) • For pets 7 years and older a blood panel, urinalysis, and EKG will be performed. (Cost \$135) 	
<input type="checkbox"/> Yes <input type="checkbox"/> No 1. Geriatric or High Risk Patients - special anesthetic procedures (propofol, midazolam, sevoflurane), This includes special preanesthetic and gas anesthetic for our geriatric (pets > 7 years) or high risk patients. (Cost varies) Under certain circumstances special anesthetic procedures will be used per Doctor discretion.	
<input type="checkbox"/> Yes <input type="checkbox"/> No 2. Extractions <input type="checkbox"/> I understand extractions may be necessary and I authorize this procedure <input type="checkbox"/> I wish to be called to discuss any recommended extractions	
Additional Services Requested:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Nail Trim - \$9.75 and up <input type="checkbox"/> Yes <input type="checkbox"/> No Express Anal Glands - \$11.25 <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip for identification - \$70.25 <input type="checkbox"/> Yes <input type="checkbox"/> No Clean Ears - \$12.25	
<ul style="list-style-type: none"> • I authorize the Doctors/Technical Staff of East Dallas Veterinary Clinic to administer treatment as is needed; perform surgical procedures as deemed necessary, and perform such additional procedures as are considered therapeutically and/or diagnostically indicated on the basis of findings during the course of evaluation. I consent to the administration of necessary anesthetics. I am aware that unforeseen events will not relieve me from any obligation for all reasonable costs incurred regarding my pet. • I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above-named procedure(s). • I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. • I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement. • I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize results cannot be guaranteed. • The Hospital will use all reasonable precautions, but the Hospital will not be held liable or responsible for occurrences beyond its control. • I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand hospital staff will be utilized as deemed necessary by the veterinarian. 	
Please note: Any pet found carrying fleas and/or ticks will be treated at an additional expense.	
I have read and understand this authorization and consent.	
Signature: _____	Date: _____