



Angels Famous Vet Express

Famous for Best Vetcare Every Animal Deserves

GUARANTEED LOWEST COST

SAVE \$\$\$

SURGERY FORM

ORIGINAL MEDICAL RECORD

Client Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone/Cell: _____

Animal Name: _____ Species: _____ Sex: _____ Altered: _____

Breed: _____ Color: _____ Age: _____

SURGERY

Spay

Neuter

Pain Medications

Other Please Specify Below

Other Special Instructions: 1. _____

2. _____

3. _____

4. _____

VACCINATIONS

Rabies

DA2PP

DA2PPv-Cv

FVRCP-C

Bordetella

Parvo Only

FelV

OTHER SERVICES

Flea Prevention

FeLV/FIV Test

Heartworm Test

Heartworm Prev

Deworm

Merchandise

Examination

Other _____

CONSENT FOR SURGICAL STERILIZATION

I, being of legal age and responsible for the animal described above, have the authority to grant Angels Vet Express, and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery and or detailed procedure upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury; escape, or destruction of the animal. It is thoroughly understood that Angels Vet Express, its staff, volunteers and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his absolute discretion, perform such procedure. I consent to these procedures and agree to pay reasonable additional charges, if any.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian. I understand that animals may be identified with a permanent tattoo.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policies established. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

Signature _____

Date _____

CLINIC USE

Exam: _____ Weight: _____ Lbs. Temp: _____

Pre-anesthetic: _____ Meds/Comments: _____

Special Care Instructions: _____

PATIENT INFORMATION FORM

1. When was the last time your animal had any food or water? _____
2. Within the last two weeks, has your animal displayed any of the following?
 Sneezing Coughing Vomiting Diarrhea
3. Has your animal ever had a seizure? yes no
If "yes", please explain: _____
4. If your animal is female, when was her last heat cycle? _____
5. Is your animal pregnant? yes no maybe
6. Within the last six months, has your animal given birth? yes no
7. Within the last two weeks, are you aware of any change in your animal's:
 Level of activity Appetite Water consumption
8. Are you aware of your animal having a history of (please check as many that apply):
 Health problems Injury (such as hit by a car or attacked by another animal)
Please explain: _____
9. Has your animal had surgery before? yes no If "yes", please explain:

10. Are there any known reactions to vaccinations, drugs, or medications? yes no
If "yes", explain: _____
11. Please list any medication your animal has taken in the past month and why: _____

12. In the past ten days, has your animal been treated for fleas/ticks or mange (dip, spray, powder)?
 yes no If "yes", what product was used? _____
13. How long have you owned this animal? _____
14. Is your animal currently on heartworm prevention? yes no
If "yes", what type of preventative is he or she currently taking? _____

When was his/her last heartworm test? _____

Client Signature

Date