



Mendon Village Animal Hospital
 1380B Pittsford-Mendon Rd.
 Mendon, NY 14506
 585-624-2240
 www.mendonvillageanimalhospital.com

Client:
 Phone:

Patient:
 DOB:
 Age:

Sex:
 Species:
 Breed:

Dental Surgical and Medical Consent

Procedure: _____

Please answer the following questions:

	Yes	No
Within the last week has your pet experienced any vomiting or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
Within the last week has your pet ingested any human foods or products?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet on a NSAID or steroid (Rimadyl, Meloxicam, Prednisone)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet taking any other medications or supplements?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Has your pet had any surgical procedures performed previously?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have any past or current medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet on a special diet?	<input type="checkbox"/>	<input type="checkbox"/>

****If yes, please bring a small meal for your pet. Please note that raw diets are prohibited****

When was the last time your pet ate? _____

If you answered yes to any of the above questions, please explain:

Mendon Village Animal Hospital recommends flea/tick & heartworm preventatives to be given year round. Lyme disease is extremely prevalent in our area.

Please answer the following regarding your pet's current flea/tick & heartworm preventative routine.

- Brand of flea/tick product currently being used _____ Date of last dose ___/___/___
- Brand of heartworm product currently being used _____ Date of last dose ___/___/___

Do you give your permission for MVAH to post pictures of your pet on the MVAH website, Instagram or Facebook? Yes No

Would you like your pet to receive a nail trim at no additional cost? Yes No



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I am the owner of the above described animal and have the authority to execute this consent. I hereby authorize the performance of the procedure(s) and/or operation(s) listed.

I authorize the use of appropriate anesthetics, a pre-anesthetic health screen and other medications; and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I also consent to treatment of any unforeseen emergency.

Our hospital strongly believes in compassionate, quality medical care for our patients. Pain management is not only humane, but helps your pet feel better, and may prevent adverse medical consequences associated with uncontrolled pain. As a result, all surgical patients will receive pain management during surgery and postoperative recovery. Additionally, medication may be prescribed for use at home.

I have been advised as to the nature of the procedure(s) or operation(s), and the risks involved. I realize that results cannot be guaranteed.

We make every effort to provide state-of-the-art, caring veterinary services to your pet. In return, we ask that our clients pay for these services at the time they are rendered. Please indicate below what your full payment method will be for today.

Please specify who will be **dropping your pet off** today. _____

Please specify who will be **picking your pet up** today. _____

How would you like to be notified of surgical updates?

Phone: _____

Text: _____

In the event that I cannot be reached for a surgical update, I agree to pay for additional services and/or extractions that the doctor deems medically necessary.

Initial

Please print name of owner

Date

Signature of Owner