Bayshore Animal Hospital

Owner (include agent if owner not present) PRINT:_____

Address:_____

Phone Number:_____Cell Number:_____Patient:_____

Species:_____Sex:_____Breed:_____Color:_____

Primary Complaint(s):
[ ] Vomiting [ ] Diarrhea [ ] Blood in stool [ ] Coughing [ ] Sneezing [ ] Difficulty Breathing
[ ] Lameness or limping [ ] Urinating frequently or in unusual places [ ] Blood in urine
[ ] Unable to urinate [ ] Pain [ ] Bite wound(s) [ ] Itching [ ] Hair loss [ ] Lethargic or depressed
[ ] Not eating [ ] Losing weight [ ] Abnormal behavior [ ] Increased thirst [ ] Ate or swallowed something unusual [ ] Check growth or tumor [ ] Ear problem [ ] Eye problem

[ ] Other:_____

Specify complaint(s): (ie L leg, growth on face, hiding etc.)_____

Duration of condition(s) and current treatment(s): ie hours, days, weeks, diabetes/insulin dosage, etc.

Anticipated services:
[ ] Physical Exam [ ] Rabies [ ] DA2PPV [ ] Bordatella [ ] Lepto [ ] FVRCP [ ] FelV [ ] FIP
[ ] Other_____
[ ] Radiology [ ] chest [ ] abdomen [ ] bladder [ ] lumbar/spine [ ] extremity [ ] hips [ ] other_____
[ ] CBC [ ] Chemistries X_____ [ ] Electrolytes [ ] T4 [ ] Heartworm test [ ] FelV/FIV test
[ ] Blood pressure [ ] Fecal [ ] Urinalysis [ ] Skin Scrape [ ] Ear swab/stain/flush [ ] ECG [ ] Corneal stain [ ] Other:_____

Consent for Treatment:
I am the owner or agent of the animal described above.

I have authority to execute this consent and am over the age of 18.

I hereby authorize and direct the veterinarians of Bayshore Animal Hospital to perform the above described procedure(s).

The nature and purpose of the procedure(s) has been explained to me and I understand that no guarantee exists as to the result of diagnosis and treatment of the said animal.

I have had the fees outlined to me and agree to pay all such fees and charges at time of discharge.
I agree to pay in full, for services rendered, including those deemed necessary for medical and surgical complications or unforeseen circumstances. If unforeseen conditions arise, in the judgment of the attending veterinarian, call for procedures or treatments other than those now being authorized. I authorize such procedures if reasonable efforts to contact me or further consent are unsuccessful. I have read and understand this consent

_____
Signature of owner or agent / Date