

Mendon Village Animal Hospital
1380B Pittsford-Mendon Rd
Mendon, NY 14506
Surgical/Anesthetic and Medical Consent Form

Owners Name: _____ Date: _____

Address: _____ Town: _____ Zip code: _____

Patient Name: _____ Date of Birth: ___/___/___ Breed: _____ Sex: _____

Procedure: _____

Is your pet on a non-steroidal anti-inflammatory or steroid like, Rimadyl, Deramaxx, Meloxicam or Prednisone?
Yes or No (Please circle one). If yes, please list:

Time of last dose: _____ Last time your pet ate: _____ AM/PM

Is your pet on any other medication and supplements (including over the counter products)? Yes or No (please circle one) If yes, Please list:

Has there been any vomiting or diarrhea within the last week? If so, please explain:

Please list any potentially harmful human foods or products (including candy, garbage, human medications, etc.) your pet may have eaten within the last week:

Does your pet have any food allergies or is your pet on a special diet? If so, please list.

If your pet is currently eating a special diet, please bring a small meal with you when you drop your pet off for surgery

Does your pet have any past or current medical conditions? Yes or No (please circle one). If yes, please list conditions:

Please list any past surgeries your pet may have had:

Please list any special concerns you might have:

Would you give your permission for Mendon Village Animal Hospital to post any pictures of your pet on the MVAH website (www.mendonvillageanimalhospital.com) or Facebook page?
Yes or No (please circle one).

Would you like your pet to receive a complimentary pedicure? Yes or No (please circle one).

*****PLEASE FILL OUT THE OTHER SIDE OF THIS FORM*** →**

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.

Cash Check MasterCard Visa Discover Care Credit

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: _____

Email: _____

Please print name of owner

Signature of Owner

____/____/____
Date