

PATIENT HISTORY FORM

Owner's Name (print please) _____

Pet's Name _____

When was the last time your pet ate? _____

Does your pet have a hernia, retained baby teeth, or retained testicle? (Circle)

Has your pet had any surgeries, medical conditions, or vaccine reactions? Yes No

If yes, please indicate _____

Has your pet had any coughing, sneezing, vomiting, or diarrhea? Yes No

If yes, explain _____

If we find your pet needs a dewormer, may we administer medication? (\$4 - \$25) Yes No

If we find your pet needs antibiotics, may we dispense medication? (\$15 - \$30) Yes No

If your pet licks or chews, an E-Collar will be necessary. Would you like one? (\$10) Yes No

Is your pet on any medications or supplements? Yes No

If yes, please list name, dose, and time last given _____

Would you like pre-surgical blood work for your pet? At 0-7 years it's option for \$45 Yes No

At 8 plus years it is mandatory for \$79 Yes No

Female Dog/Cat Only Questions:

Has she had a litter? Yes No

If yes when _____

Has she had any abnormal discharge? Yes No

Female Dogs Only Questions:

Has she been in heat? Yes No

If yes, when was her last heat cycle _____

Has she had an abnormal heat cycle? Yes No

If yes, describe the characteristics _____

ALL DOG Questions:

Is your dog on heartworm prevention? Yes No

If yes: What product _____ When was it last given _____

Do you give it monthly? Yes No

If no, how many doses have been missed _____

Would you like a heartworm test for your dog for an additional fee of \$18.00 Yes No

Heartworm Testing Waiver (Sign only to decline)

A Heartworm test is recommended on all dogs over 6 months of age prior to elective surgeries. Heartworm disease can lead to severe complications, and even death, under or after anesthesia/surgery. **I understand that the doctors at Spay N Save Animal Clinic recommend heartworm testing before surgery to rule out heartworm disease, with or without the use of preventative.** I have read and understand the risk involved and choose to decline heartworm testing at this time. I do hereby release Spay N Save Animal Clinic and its staff from any liability should injury and/or death occur as a result of heartworms not being detected before surgery.

I, the owner (or authorized agent) decline the pre-surgical heartworm test and fully understand the additional risks involved if my dog is heartworm positive.

Client signature _____ Date _____

Doctor's Initials _____