Midtown Veterinary Hospital

1434 W. Alabama St.
Houston, TX 77006
Phone: 713-528-4900
Fax: 888-504-9006
www.MidtownVetHospital.com

DROP OFF: DIAGNOSTIC TESTING

Today's Date:

Contact Information

Owner's Name:

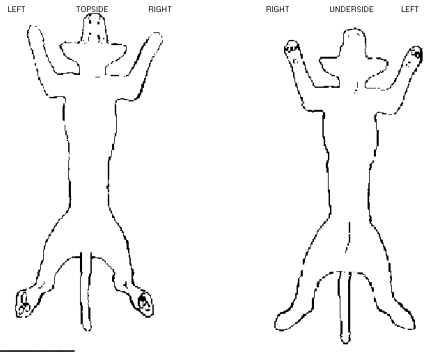
Phone Number to Reach You *Today*:

Additional Contact Information:

Pet Information

Pet's Name:

Has this pet visited our office before? ☐ Yes ☐ No



Reason For Today's Visit: DIAGNOSTIC TESTING

Follow Up Exam: Have Symptoms Improved?: _____

Type of Testing: _____

Please note any concerns you have with your pet:

Change in Appetite: ☐ Increased ☐ Decreased

Change in Urination: ☐ Increased ☐ Decreased ☐ Discoloration ☐ Straining ☐ Accidents in house

Change in Water Consumption: ☐ Increased ☐ Decreased

Change in Weight: ☐ Increased ☐ Decreased

Change in Attitude, please describe:

Limping, which leg:

Vomiting:: first time:_____ last time:_____consistency: _____

Diarrhea: first time:_____ last time_____ consistency:_____

ADDITIONAL SERVICES

Yes	No		Yes	No	
☐	☐	NAIL TRIM	☐	☐	EXPRESS ANAL GLANDS
☐	☐	MICROCHIP IMPLANT	☐	☐	SANITARY CLIP
☐	☐	CLEAN EARS	☐	☐	OTHER:

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Authorization

After we examine your pet, how would you like us to proceed with treatment?

- ☐ Proceed immediately with treatment at Veterinarian's discretion
- ☐ Proceed with treatment if the estimated cost is less than $ _____
- ☐ Call you with the findings of the examination and a cost estimate prior to initiating treatment

Deposits are required for all new accounts and for complicated procedures.
PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.
In admitting my pet for diagnostics, treatment, or surgery, I authorize the veterinarians of Midtown Vet Hospital, and their support staff to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

_____

Signature of Responsible Party

AUTHORIZATION FOR SEDATION IF NEEDED

I authorize anesthesia/sedation for my pet. The nature and risks of this procedure have been explained to me. I understand some risks always exist with anesthesia and/or sedation, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Midtown Veterinary Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical complications or otherwise unforseen circumstances. I understand there are rare complications associated with any anesthetic procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I fully understand these risks and understand the veterinarians and hospital staff will try to minimize such risks. I will not hold Midtown Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS ANESTHESIA CONSENT FORM

_____

Signature of Responsible Party