

Northrock Hospital for Animals, P.A.
8338 E. 29TH Street North
Wichita, KS 67226
(316) 636-1200

Date _____

Dr. Mr. Mrs. Miss Ms. (CIRCLE ONE)

Name _____
LAST FIRST M. INITIAL

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Pager/Cell# _____

Place of employment _____ Occupation _____

Spouse/Other _____

Children's Names (Optional) _____

Spouse's /Other's Employment _____ Spouse's/Other's Occupation _____

How did you hear about us? (please check one)

SWBYP'S _____ Feist _____ Hospital Sign _____ Web Site _____

Personal Reference _____ Who may we thank _____

* * * * *

We will gladly prepare a typed estimate if you desire. Please ask the receptionist or doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

⇒ SEE OTHER SIDE ⇐

CONFIDENTIAL

ANIMAL INFORMATION

Name of Pet _____

Dog _____ Cat _____ Other _____

Breed _____

Age or DOB _____ Color _____

Male _____ Neutered? _____

Age neutering done _____

Female _____ Spayed? _____

Age spaying done _____

If cat, declawed? _____

Previous vaccination history (IF AVAILABLE) _____

Medical illness information (IF AVAILABLE) _____

Reason for visiting our clinic _____



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NORTHROCK HOSPITAL FOR ANIMALS

Alan D. Schimmels, DVM
Bryan J. Weidler, DVM
Emily A. Kelly, DVM

DATE _____

OWNER _____

PET _____

**Authorization For And Consent To Anesthesia And Surgery Or
Diagnostic/Therapeutic Procedures**

I hereby authorize the following procedure(s) to be performed by the admitting veterinarian, or designated associates and assistants:

I understand that all reasonable care and precautions will be taken in performance of the procedures. To minimize risks, selected laboratory tests can help to assess your pet's ability to safely undergo anesthesia and identify certain potential problems that could endanger your pet. Our hospital laboratory is fully equipped to perform these blood tests and have the results available before anesthesia. Additionally, placement of an intravenous (IV) catheter will allow delivery of IV fluids to assist in the maintenance of blood pressure and allow rapid access for IV drug administration in the event an emergency situation develops.

Please indicate your choice below.

() **YES.** I want to have an optional pre-anesthetic blood screen performed.

Cost: **\$57.00**

() **NO.** I do not want to have a pre-anesthetic blood screen performed.

() **YES.** Place an IV catheter and administer IV fluids. (Note: A small area of hair may be clipped on a front Limb)

Cost: **\$37.00**

() **NO.** Do not place an IV catheter and do not administer IV fluids.

HOMEAGAIN –Pet Microchip Identification System

Every year more than 20 million dogs and cats are put to sleep because humane shelters cannot identify them or their owner. A microchip is an unmistakable sign that the pet is not only loved, but very much wanted! While your pet is under anesthesia, we can microchip your pet for permanent identification. Payment and paperwork will be mailed from your veterinary clinic.

() **YES.** I would like a microchip implanted.

Cost: **\$44.99 –No Enrollment Fee** (Limited time)

() **NO.** I do not want a microchip implanted.

Signature below constitutes your acknowledgement that you have read and agreed to the above. The procedures have been explained to your satisfaction and that you have all the information that you desire. You authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Signature: _____ Date: _____

You may be reached at the following phone numbers: Home: _____ Cell: _____

Work: _____ Other: _____