



# Pet Care Coalition, Inc.

Compassion, Community, Collaboration

## Rescue Pet Procedure Consent Form

Rescue Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ ID \_\_\_\_\_

Foster Contact: \_\_\_\_\_

Dog  Cat | Breed: \_\_\_\_\_

Male  Female | Color: \_\_\_\_\_

Is this pet spayed/neutered?  Yes  No

Age or birthdate: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

### Procedures

Please check (✓) all procedures and services to be performed today:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Spay                   | <input type="checkbox"/> Vaccines: _____     | <input type="checkbox"/> Enucleation, R or L? |
| <input type="checkbox"/> Neuter                 | <input type="checkbox"/> Dewormer (pyrantel) | <input type="checkbox"/> FIV/FelV Test        |
| <input type="checkbox"/> Microchip              | <input type="checkbox"/> Blood work          | <input type="checkbox"/> Heartworm test       |
| check here if supplied <input type="checkbox"/> | <input type="checkbox"/> Fecal test          | <input type="checkbox"/> Mass removal         |
|   |  | <input type="checkbox"/> Other: _____         |

### Medical History

Please check (✓) any symptoms or problems that you have noticed in the last 24 hours:

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Appetite Change    | <input type="checkbox"/> Diarrhea    | <input type="checkbox"/> Limping         | <input type="checkbox"/> Urination Problem |
| <input type="checkbox"/> Behavior Problems  | <input type="checkbox"/> Eye Problem | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting/Gagging  |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Ear Problem | <input type="checkbox"/> Scratching      | <input type="checkbox"/> Wound/Cut         |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Lethargic   | <input type="checkbox"/> Sneezing        | <input type="checkbox"/> Other: _____      |

When was the last time this animal ate? \_\_\_\_\_

What medications has this animal received in the last 30 days (please list all known) and when were they last given?

\_\_\_\_\_  
\_\_\_\_\_

What other concerns do you have for this animal today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have E-collar at home if needed?  Yes  No

As authorized agent of the above named Rescue Organization for the animal described above, I certify that I am over 18 years of age and I authorize the employees, volunteers, students, and agents of Pet Care Coalition, Inc. to perform any and all examinations, diagnostic tests, X-rays, preventive care including vaccination, and medical and surgical treatment, including the administration of anesthesia, as are determined to be necessary in the judgment of the licensed veterinarian supervising the care and treatment of the animal. The nature and purpose of the procedure(s) have been explained to me and I understand that no guarantee exists as to the result of diagnosis and treatment of said animal.

I understand that the clinic is not a 24-hour facility, and that any animal that requires hospitalization, will need to be transferred to a 24-hour facility by the end of the business day. I accept the additional costs this will incur.

I agree to pick this animal up at the disclosed discharge time or by end of posted clinic hours, if I am not available for pick up and another authorized rescue personnel is not available, I agree to any additional transfer or hospitalization fees that may be incurred.

By signing below, I acknowledge that I have read, understood, and agree to the terms in this agreement.

Signature of Agent

Date