

Willow Grove Animal Clinic Boarding Release Form

I understand you cannot guarantee the health of my pet and will not hold WGAC responsible for the conditions that are sometimes unavoidable in boarding kennels, such as but not limited to hair loss, upper respiratory infections, bronchitis, diarrhea, weight loss and fleas. WGAC uses all precautions against injury, escape or death of your pet. I will not hold WGAC liable for any problems that may develop provided reasonable care and precautions are followed.

All pets admitted to WGAC must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.

I understand that all pets must be current on all vaccinations. If vaccines were performed by another Veterinarian, I must provide a written copy. If pet is not up to date on vaccines we will vaccinate for an additional fee.

I will not hold WGAC liable for loss or damage of personal items left with my pet including but not limited to leashes, collars, toys, food bowls, bedding, and carriers.

Pet/Pets Name: _____

List of Medication: _____

Current Diet and Special Feeding Instructions: _____

Any vomiting, diarrhea, coughing or sneezing? _____

Any medical problems that we should know about? _____

Any New lumps or bumps ? _____

In the event of an emergency WGAC will immediately try and contact the owner or agent I have authorized to discuss the problem and treatment options. In the event my pet needs to be transported for further medical care and I am not able to, I give Named agents below permission to do so.

Owners Name and Number: _____

Agent 1 Name : _____ Phone number: _____

Agent 2 Name: _____ Phone Number: _____

I have read the above agreement and assume full responsibility and agree to pay in full for boarding, veterinary services, and any other expense incurred while my pet is boarding with WGAC.

Signature: _____ Date: _____

Dental Prophy Admitting Form

Date _____

Patient _____

Medical History

Are your pet's vaccination's current? Yes No

Date of last vaccinations _____

Has your pet recently experienced vomiting, coughing, sneezing, or diarrhea? Yes No

Did your pet eat this morning? Yes No

Is your pet allergic to any drugs? Yes No

If yes, please list drugs _____

Has your pet been ill or injured within the last 30 days? Yes No

If yes, list illness or injury _____

Is your pet taking any medication? Yes No

If yes, list medication _____

Do you want us to check other concerns? Yes No

If yes, list concerns _____

Do you regularly use dental hygiene products on your pet? Yes No

If yes, list products _____

Is your pet on a monthly flea control preventive? Yes No

If yes, when was last dose _____

Elective Procedures to be Performed

Remove warts or skin growths
Location(s) _____

Trim nails

Express Anal Glands

Brush out and clip hair mats

Bath after procedure; includes nail trim, cleaning ears, expressing anal glands

Dental Care Procedures

Oravet Sealant: Take home product

In house application Oravet Chews

Dental Health Diet CET Chews

Breathalyser Water Additive

Clindoral Antibiotic (In the event your pet has gingivitis, we will apply this to the gum line)

Consent to Perform Extractions and Necessary Procedures

Many pets require sedation before a doctor can complete a thorough dental exam. Each tooth must be carefully evaluated so the veterinarian can choose the best treatment. To help avoid surprise charges, a staff member will call you to update this estimate during the procedure if additional services are needed. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs.

Please check the options below:

Perform any necessary procedures and extractions at this time up to \$ _____

Provide only the requested dental prophy at this time.

Call me after the dental exam and provide an estimate of any additional procedures. Do not proceed without authorization. You can reach me today at () _____

Preanesthetic Testing Consent

Our caring staff members want to ensure your pet's well-being. A veterinarian will perform a comprehensive physical exam before sedating your pet. However, many disorders of the kidneys, liver, heart, and blood can't be detected without blood tests. That's why we strongly recommend performing preanesthetic blood work before sedating your pet. Please check the options below.

I do do not authorize the recommended preanesthetic blood screen. I understand and assume all responsibility for additional risks or complications resulting from my refusal to approve this blood screen for my pet's safety.

Pet Owner Release

Your hospital staff members should use all reasonable precaution against the injury, escape, or death of my pet. I understand that sedation and anesthesia involves minimal risk to my pet, but I won't hold your clinic liable in any manner whatsoever or under any circumstances in connection with this procedure. I have read this consent form and agree to assume all risks.

Signature _____

Date _____



Willow Grove

ANIMAL CLINIC, PLLC

Photo Release and Social Media Consent Form

I hereby give Willow Grove Animal Clinic, PLLC permission to take photographs and/or videos of my pets for the purpose of posting on Willow Grove Animal Clinic's Facebook page, clinic, website, email, or print communications.

Willow Grove Animal Clinic has my permission to use:

- Photos of only my pet
- Photos of me and my pet

Other information that may be included with photographs:

- Only my pet's name
- My pet's name and my last name
- My pet's name and my first and last name

I hereby release and discharge Willow Grove Animal Clinic, PLLC from any and all claims arising out of the use of the photos.

In signing this consent, I authorize the use of my name and pets name as listed below following the instructions checked on this form.

Pet's Printed Name: _____

Owner's Printed Name: _____

Owner's Signature: _____

Date: _____

Willow Grove Animal Clinic, PLLC Consent Form

3531 Moyer Turnage Rd
Farmville, N.C. 27828
(252)753-2611

Owners Name: _____

Telephone Number: _____

Patient's Name : _____

I am the owner or the agent for the owner of the animal listed above and I am eighteen years of age or older, and I have the authority to execute this consent.

I hereby consent and authorize Dr. Morphis, Relief Veterinarians and staff to perform the following procedures or operations:

I understand that there are certain risks and complications with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that a physical exam will be done prior to this operation or procedure to identify any existing medical conditions that would complicate the operation or procedure and would compromise the health of my pet. A pre-anesthetic profile has been explained to me and I understand that this panel of blood work could greatly reduce the risks that were mentioned above. I understand that this blood work is optional for animals 5 years of age and younger and I understand that it is strongly recommended.

Yes, I would like to have the pre-anesthetic blood work _____

No, I have chosen to decline the blood work _____

Date of last heartworm prevention _____

I would/would not like a microchip implanted into my pet.

I understand if my pet has internal or external parasites that he/she will be treated accordingly and I am financially responsible.

I understand all of the above and consent to be financially responsible for the operation or procedures as listed above.

Signature: _____ Date: _____