



Katy Pet

Wellness Solutions

5160 Franz Rd. Ste. F

Katy, TX 77493

(281) 574-4985

Pet Drop-Off Form

(Must fill out a form for each Pet)

Date of Drop-Off: _____

- ◆ Owner's Name _____ Pet's Name: _____
- ◆ With whom will we be contacting to for medical and financial decisions?
Name: _____ Phone#: _____
- ◆ Home Address - No P.O. Box Allowed; CAN NOT Take Pet In:
Home Address: _____
City: _____ State: _____ Zip Code: _____
- ◆ When did your pet last eat? Date: _____, Time: _____
- ◆ Has your pet ever had or currently have any health problems? ☐ NO ☐ YES, please explain:

- ◆ Has your pet ever had any adverse reaction or is allergic to any vaccines, medications, procedures, etc.?
☐ NO ☐ YES, please name and explain:

- ◆ Is your pet ever in pain after receiving vaccines or other procedures? ☐ NO ☐ YES, please explain:

- ◆ Is your pet current with all vaccinations that are required for drop-off?

Vaccine Requirements for Dogs:

 - DAPP
(Distemper, Adenovirus, Parvovirus, Parainfluenza).
 - Leptospirosis 4-serovar
 - Bordetella
 - Bivalent Flu (H3N8 and H3N2).
 - Rabies

☐ YES, please provide records.

☐ NO, if not we will vaccinate your pet today. We are not responsible for pets getting sick while in our facility if the pet is not fully vaccinated prior to drop off.

Vaccine Requirements for Cats:

 - FVRCP.
(Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia)
 - Feline Leukemia
 - Rabies
- ◆ Is your pet current with heartworm prevention? All dogs dropped off must be current on heartworm prevention.
☐ YES: Product name: _____ Date of last dose given: _____
☐ NO (dog) – Dogs not up to date (verifiable) on prevention will be tested at owner's expense.
☐ NO (cat)
- ◆ Is your pet current on flea and/or tick prevention?
☐ YES: Product name: _____ Date of last dose given: _____
☐ NO: If evidence of fleas is seen, flea control will be administered at owner's expense.
- ◆ Please list all medications your pet is currently taking, and the last dose given:

Name: _____	Date: _____	Time: _____
Name: _____	Date: _____	Time: _____
Name: _____	Date: _____	Time: _____
Name: _____	Date: _____	Time: _____
Name: _____	Date: _____	Time: _____

Please, continue to fill out the form on the back...

Anesthetic and Surgery Consent Form for Your Pet

The safety, health, and well-being of your pet are our primary concerns here at Katy Pet Wellness Solutions.

Before your pet has surgery today, he or she will be examined for any problems that could interfere with anesthesia and will be monitored after surgery to help ensure that your pet has a safe and comfortable recovery.

We are happy to report that our patients do very well, and we expect all to go smoothly.

Please initial your agreement to each of the following statements. If you decline, we CAN NOT take your pet in.

- X _____ **While we do our best to keep track of your pet's belongings, we are not responsible for items that get lost, damaged, or soiled as our primary focus is the health and well-being of our patients.**
Please list all items your pet is bringing with them with description (color, style, etc.).

- X _____ **All pets are required to be fully vaccinated for any type of drop-off.**
Your pet is required to be fully vaccinated at the time of drop-off. If they are not up to date, your pet will be vaccinated upon arrival to reduce the risk of contracting illnesses during their stay. Note that full vaccine protection takes several days after administration.
- X _____ **All Dogs are required to be up to date on heartworm prevention for any type of drop-off.**
A heartworm test will be done on dogs that are not up to date and/or have no verifiable records showing consistent purchase of heartworm prevention. A \$20 charge will be added to your balance.
- X _____ **For all Heartworm Positive Dogs admitted for surgery:**
If a patient has tested positive for heartworm disease and you wish to proceed with surgery, an intravenous catheter will be placed and your pet will be given dexamethasone injection to prevent cardiovascular shock during surgery. An extra charge of \$47 will be added to the balance.
- X _____ **All pets are required to be free of fleas and ticks for any type of drop-off.**
A flea or tick control product will be administered to pets with live fleas or ticks and a charge will be added to your balance which will be \$18-\$54 depending on the product administered.
- X _____ **Additional surgery charges for all female patients admitted for spay surgery:**
If your female pet presented for spay surgery is pregnant or in heat, there will be an additional charge to your balance. This is not always evident at the time of the preoperative exam and often is discovered after the procedure begins.
Fees are as follows: Pregnant Fee (Dogs & Cats): \$99 Dog in Heat: \$99 Cat in Heat: \$65
- X _____ **Additional surgery charges for all male patients admitted for neuter surgery:**
If your male pet presented for neuter surgery has cryptorchidism, there will be an additional charge to your balance. This is not always evident at the time of the preoperative exam and often is discovered after the procedure begins.
Fees are as follows: Cryptorchid, Inguinal Fee: \$99 Cryptorchid, Abdominal Fee: \$190
- X _____ **For all patients admitted for surgery, pre-operative bloodwork (chemistry and CBC) will be performed to evaluate internal organ function and assist the surgeon in anesthetic and medication choices.**
In the case that problems are detected following such blood analysis, it may be necessary to postpone or change the planned procedure until the medical problem is resolved.
- X _____ **For all patients admitted for surgery or treatment, there may be hair clipping involved.**
Hair clippers will be used to remove hair at the incision or treatment sites. Also, clippers may be used for drawing blood or to place an intravenous catheter on the legs and/or neck (jugular) areas.
- X _____ **Suture reactions are a complication that can occur and may not always be predicted.**
I understand that treatment for suture reaction is my responsibility. Similarly, I understand that I am responsible for repair or further treatment of incision and treatment sites that may be compromised by my pet licking or chewing the treatment area.
- X _____ **For all patients admitted for dental prophylaxis/cleaning:**
Extractions quotes are given after complete evaluation of the teeth while patients are under anesthesia. A phone call will be made to the number provided at drop off to approve additional services. If we are cannot make contact, we will proceed without extractions which may need to be scheduled at an alternate time.
- X _____ **For most patients admitted for surgery, pick up time is 4:30pm to 5 pm unless otherwise specified.**
For Cat De-Claw Surgeries: Pick up will be 2 days later between 4:30pm to 5:00pm.

Check the services to be performed today.

Drop-Off:

- ☐ Spay
 - ☐ Neuter
 - ☐ Dental Prophylaxis
 - ☐ Declaw: Two Front Paws
 - ☐ De-Claw: All Four Paws
 - ☐ Mass Removal
 - ☐ Heartworm Treatment
 - ☐ Other Procedure:
-

Vaccinations:

- ☐ DAPP \$28
 - ☐ Leptospirosis 4 \$22
 - ☐ Bordetella \$29
 - ☐ Bivalent Flu \$42
 - ☐ Lyme Disease \$42
 - ☐ FVRCP \$19
 - ☐ Feline Leukemia \$25
 - ☐ Rabies \$17
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Test:

- ☐ Heartworm Test \$20
 - ☐ Fecal Float Test \$42
 - ☐ FeLV/FIV Test. \$65
 - ☐ X-Rays \$225
 - ☐ X-ray Report ≤\$205
 - ☐ Bloodwork.
 - ☐ Laser Therapy.
 - ☐ Other Test:
-

Treatments/Prevention:

- ☐ Microchip Implant \$39.99
 - ☐ Nail Trim \$18
 - ☐ Anal Gland Exp. \$20
 - ☐ Other Treatments:
-
- ☐ Heartworm Prevention:
-
- ☐ Flea/Tick Prevention:
-

Authorization to Provide Care

1. I am the owner or authorized agent of the pet listed above, hereby authorize and direct the Veterinarian or assistants of Katy Pet Wellness Solutions to perform the services described above and all other procedures, diagnostic, treatment and/or administration of extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my pet. 2. I authorize Katy Pet Wellness Solutions to obtain all medical records regarding my pet hospital where my pet has previously been examined or treated to release all medical records regarding my pet to any other hospital. 3. Although Katy Pet Wellness Solutions will take every reasonable action to ensure the success of my pet's procedure(s), I understand that there is a risk of complication with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedure(s). I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccinations or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination or treatment recommended by the Katy Pet Wellness Solutions veterinarians. 4. The nature and risk(s) of any procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions I may have are answered, before I will leave my pet or allow treatment. I understand that Katy Pet Wellness Solutions is not liable for any of these actions. I understand that Katy Pet Wellness Solutions staff may not be present in the hospital overnight and that portions of my visit may be recorded for educational purposes. I understand that there is no guarantee nor can be made as to the results or cure of any therapy. 5. I understand that the veterinarians of Katy Pet Wellness Solutions recommend treatments, medications, surgery, and other preventative care based on lifestyle for my pet, but that other veterinarians may have different opinions about treatments, medications, surgery, and other preventive care. If a conflict arises, the veterinarians of Katy Pet Wellness Solutions will defer to board-certified veterinary specialists. 6. If I neglect to pick up my pet within 7 days of the above date, Katy Pet Wellness Solutions is to assume that the pet has been abandoned and Katy Pet Wellness Solutions is hereby authorized to make other arrangements for the pet as Katy Pet Wellness Solutions may deem best. In the event of an emergency, or as determined by the veterinarian, it may be necessary for my pet to be taken to an emergency hospital or outside the clinic. I authorized Katy Pet Wellness Solutions to walk or transport my pet outside of the hospital and provide treatment by the emergency hospital to stabilize my pet. I understand that Katy Pet Wellness Solutions will take reasonable precautions to ensure the safety of my pet while in their care. 7. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that Katy Pet Wellness Solutions may add an amount to my outstanding account balance to reimburse Katy Pet Wellness Solutions for the reasonable collection charge (but not including attorney's fee) imposed by the collection agency.

I hereby authorize and direct Katy Pet Wellness Solutions to perform the procedure(s) noted above and to administer anesthetics or other drugs as deemed advisable for my pet.

I understand the nature of the procedures and the relative risks involved; I authorize Katy Pet Wellness Solutions to provide any appropriate care should an unexpected complication arise.

Signature of Owner/Responsible Agent: _____ Date: _____