

If yes, which brand of medications would you like us to send home with your pet?

_____ 6mo or 12 mo.

Has your pet missed any heartworm prevention? If so how many doses missed?

Are there any concerns or questions regarding your pet that you would like to discuss with the doctor?

Does your pet have any sensitivities or allergies to any medications (oral, injectable or topical)? If yes which ones, _____

All new patients are required to have physical exam, at an additional cost of \$49.00.

_____ **Int.**

All patients left in our care for any reason must be current on Rabies, DHLPP and Bordetella. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations.

According to our records your pet will be due for; Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Bordetella

NOTE: IF THE PATIENT IS DETERMINED TO BE OBESE (INTERNALLY), PREGNANT, IN "HEAT", OR CRYPTORCHID (RETAINED TESTICLE), WILL BE CHARGED AN ADDITIONAL FEE. ANY FLEAS AND /OR TICKS FOUND ON YOUR PET WILL BE TREATED AT YOUR EXPENSE.

ALL PATIENTS WILL RECEIVE PAIN MEDICATION PRIOR TO SURGERY AND WILL BE GIVEN ORAL TAKE HOME PAIN MEDICATION AT NO ADDITONAL CHARGE.

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

Signature: _____ Date: _____

Please circle the following phone numbers you would like to be reached at

Work: _____ Cell: _____

Home: _____ Other: _____

**13203 Fry Road, Suite 1200
Cypress, Texas 77433
832-220-1380 or Fax 832-220-1385**