



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: \_\_\_\_\_ / \_\_\_\_\_ / 2020

- ◆ Owner's Name \_\_\_\_\_ Pet's Name: \_\_\_\_\_
- ◆ Home Address (No P.O.Box Allowed - CAN NOT Take Pet In):  
 Address: \_\_\_\_\_ City /State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- ◆ Drop-Off Dates from: \_\_\_\_\_ / \_\_\_\_\_ / 2020 until \_\_\_\_\_ / \_\_\_\_\_ / 2020.
- ◆ We need to be able to contact you/someone with permission to make medical & financial decisions. Whom will we be speaking with? Name: \_\_\_\_\_ Phone#: \_\_\_\_\_
- ◆ When did your pet last eat? Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020, Time: \_\_\_\_\_
- ◆ Has your pet ever had or currently have any health problems?  YES, If yes, please explain: \_\_\_\_\_  NO  
 \_\_\_\_\_  
 \_\_\_\_\_
- ◆ Has your pet ever had an adverse reaction to any procedure?  YES, If yes, please explain: \_\_\_\_\_  NO  
 \_\_\_\_\_  
 \_\_\_\_\_
- ◆ Is your pet ever in pain after vaccines or other procedures?  YES, If yes, please explain: \_\_\_\_\_  NO  
 \_\_\_\_\_  
 \_\_\_\_\_
- ◆ Is your pet up to date on vaccines?  
 YES, If 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.
- ◆ Is your pet on Heartworm Prevention?  
 YES, Name & Date when last dose was given:  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020  
 NO
- ◆ Is your pet on Flea/Tick Prevention?  
 YES, Name & Date when last dose was given:  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020  
 NO
- ◆ Is your pet currently taking any medication(s)?  
 YES, Name, Date, and Time when last dose was given:  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020 Time: \_\_\_\_\_ : \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020 Time: \_\_\_\_\_ : \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020 Time: \_\_\_\_\_ : \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020 Time: \_\_\_\_\_ : \_\_\_\_\_  
 NO
- ◆ 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 initial your acknowledgement and acceptance of this policy. X \_\_\_\_\_  
 Please list all items your pet is bringing with them with description (color, style, etc.).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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. Your pet is required to be fully vaccinated at the time of surgery or he/she be vaccinated upon arrival to avoid any illnesses that may be contracted during the hospital visit.

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

X \_\_\_\_\_ All pets are required to be free of fleas.

A flea control product will be administered to pets with live fleas and a charge will be added to your balance: \$15-\$56

X \_\_\_\_\_ All pets are required to be up to date on heartworm prevention.

A heartworm test will be done on pets that are not up to date & have no proof of being on heartworm prevention. A \$10 charge will be added to your balance.

X \_\_\_\_\_ Heartworm Positive Patients:

If a patient tests positive for heartworm disease & you wish to proceed with surgery, an intravenous catheter will be placed in a vein & your pet will be given Dexamethasone injection to prevent cardiovascular shock during surgery. An extra charge of \$30 will be added to the balance.

X \_\_\_\_\_ Additional Surgery Charges:

If your female pet presented for spay 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): \$75 Dog in Heat: \$68.75 Cat in Heat: \$37.50

**For all patients, pre-surgical blood cell count & chemistry are necessary prior to surgery. In the case that problems are detected following such blood analysis, it may be necessary to postpone or change the planned procedure until a medical problem is resolved.**

### 🐾 CHECK THE SERVICES TO BE PERFORMED TODAY 🐾

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Vaccinations: Any Reactions?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Heartworm Prevention: Ask for Details | <input type="checkbox"/> Microchip: \$39.99     |
| <input type="checkbox"/> Heartworm Test: \$10   | <input type="checkbox"/> Flea Prevention: Ask for Details      | <input type="checkbox"/> Spay/Neuter            |
| <input type="checkbox"/> Felv/FIV Test: \$52.50   | <input type="checkbox"/> Tick Prevention: Ask for Details      | <input type="checkbox"/> Dental Prophylaxis     |
| <input type="checkbox"/> Fecal Float Test: \$28.75  | <input type="checkbox"/> Nail Trim \$15                        | <input type="checkbox"/> Other Procedure: _____ |
|   | <input type="checkbox"/> Anal Gland Expression \$17            |   |

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.

### **\* 🐾 Authorization to Provide Care (Read the Clipboard to Read the 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 Authorized 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 and to Medical Management International, Inc. its subsidiaries, parents, and affiliated. 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 reliable 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 veterinarian of Katy Pet Wellness Solutions recommends certain vaccinations and other preventative care for my Pet, but that other person may have different opinions about vaccinations and other preventive care than myself and discuss my questions with my Katy Pet Wellness Solutions Veterinarian. 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. 6. 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.

Signature of Owner/Responsible Agent: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020