



**PET HOSPITAL 416-962-2883**

**\*\* COVID-19 \*\* TREATMENT CHECK-IN & CONSENT FORM**

Date \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Owner \_\_\_\_\_ Species C / F Sex: \_\_\_\_\_ Weight (kg) \_\_\_\_\_  
Address \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
Today's Phone Number \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Presenting complaint (what are you here for?): \_\_\_\_\_  
Duration of time (When did the problem start, has it changed, better, worse, same?): \_\_\_\_\_

Diet (Brand, amount, frequency): \_\_\_\_\_  
Any Vomiting/Diarrhea/Coughing/Sneezing: \_\_\_\_\_  
Is the pet currently on any medications (Name, amount, frequency, last given): \_\_\_\_\_  
Any changes in appetite or drinking/urinations (drinking or peeing more often?): \_\_\_\_\_  
Any other pets in house? No Are they affected? \_\_\_\_\_  
Indoors/outdoors? \_\_\_\_\_  
Vaccines Current? \_\_\_\_\_  
Has your pet been fasted? If not, when was last meal? \_\_\_\_\_

**As the owner or agent of the owner of the above animal, I hereby give my consent to Yonge-Davenport Pet Hospital to perform the following procedures:**

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

**I, the owner of the pet mentioned above consent to (INITIAL ONE BELOW):**

- \_\_\_\_\_ A. The veterinarian being authorized to administer or dispense all items listed above as well as any other treatments or diagnostics the vet deems necessary without further authorization on my part.
- \_\_\_\_\_ B. The veterinarian MUST CALL ME BEFORE performing or administering any treatments or diagnostics BEYOND A PHYSICAL EXAM.

**Additional Services**

Please note any additional services that you would like us to perform while your pet is at the clinic. Additional fees may apply: \_\_\_\_\_

I understand that during the performance of these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Yonge-Davenport Pet Hospital to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet.

\_\_\_\_\_  
*Signature of Owner/Agent*