



**\*\* COVID-19 \*\* COMBINED GENERAL APPOINTMENT & 4DX  
CURB-SIDE CONSENT & ADMISSION FORM**

Curb-side Appointment Acknowledgement - Please CHECK ALL:

I acknowledge that this is a curb-side appointment and that clients are not allowed inside with the exception of one client, for special circumstances, such as end-of-life appointments.

I acknowledge that the only payment options are CREDIT CARD (Visa, Mastercard, AMEX) or Interac E-Transfers (no debit or cash). ALL CREDIT CARD PAYMENTS ARE DONE CONTACT-FREE, BY TELEPHONE.

I acknowledge that the appointments are approximately 30 minutes in length and I am expected to wait nearby for the duration of the appointment, unless advised otherwise by a team member.

I acknowledge that I must meet a staff member AT THE DOOR for both drop-off and pick-up of my pet. Staff will not come out to grab animals from cars.

I acknowledge that my appointment will be rescheduled if I am more than 10 minutes late or if this consent form is not filled out prior to the appointment.

Date of the Appointment: \_\_\_\_\_  
*Enter the date the appointment is booked for, not the date you fill in this form.*

**Primary Owner(s) Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province:

**Day-Of-Appointment Phone Number:**

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: Canada

Email: \_\_\_\_\_

*This is the phone number we will use to call you once the veterinarian has examined your pet, so **please make sure you have your phone on you and please stay close to the clinic.***

**Emergency Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Emergency Contact

Phone Number: \_\_\_\_\_

**Pet's Information:**

Pet Name: \_\_\_\_\_ Pet Age or Date of Birth: \_\_\_\_\_

Species:            Cat            Dog            Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Sex: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Does your pet have any history of aggression that has needed special restraint (example: a muzzle) or sedation (example: Gabapentin, Trazadone, etc.)?

*Since owners are not able to be with their pets for appointments, please let us know if your pet has any history of ANY behavioural or aggression issues. This could include food aggression, aggression with other animals, people etc. Owners may be required to muzzle aggressive dogs before being admitted into the clinic.*

**INFORMATION PERTAINING TO GENERAL APPOINTMENT PORTION OF VISIT:**

Presenting Complaint (*What is your pet here for today?*):

*Please be as specific as possible. Please note: for any vaccine appointment, a full physical exam is performed and charged with each visit. This is to ensure the pet is healthy before vaccinating. Our exam fee is currently \$89.50 + HST. Booster or puppy exams are discounted.*

Duration of Time (*When did the problem start, has it changed, better, worse, same?*):

Any Vomiting/Diarrhea/Coughing/Sneezing:

Any changes in appetite or drinking/urination? (*drinking or peeing more/less often*):

Is the pet currently on any MEDICATIONS, INCLUDING SUPPLEMENTS?

(*Name, amount, frequency, last given*):

*Please be as specific as possible. Do not simply state "on file." Please state the name of the medication, dose you are currently giving and when it was last given. For example: "Prednisolone 5mg - 1/2 tablet orally once a day. Last dose last night at 8pm."*

Diet (*Exact Brand, amount, frequency*):

*Please be as specific as possible. Even if you buy the food from us, we need to know this information on this form. For example: "Royal Canin GI Low fat: 1/2 cup twice a day."*

Any other pets in house? If yes, are they affected?

Has your pet been fasted? If not, when was last meal?

Indoors/Outdoors?

Are your pet's vaccines up-to-date?

*Please note that unless a veterinarian has suspended vaccines for medical reasons, we require ALL pets to be up to date with at least the Rabies vaccine. This is a legal requirement in the province of Ontario. If your pet is not up to date, we may deny their entry into the hospital for future visits.*

### **INFORMATION PERTAINING TO GENERAL APPOINTMENT PORTION OF VISIT:**

**PLEASE READ THE FOLLOWING INFORMATION as it pertains to certain treatments, procedures or products we may be discussing with you during this visit.**

**Please read and acknowledge each point carefully:**

Yonge-Davenport Pet Hospital recommends an annual 4DX blood test every year. This is an important test to ensure your dog has not acquired heartworm or any tick-borne diseases such as Lyme disease, ehrlichia and/or anaplasma from the year before. The cost of this test is \$66.30 +HST.

Heartworm prevention products listed below cannot be purchased without an annual 4DX test, unless otherwise approved by a veterinarian under special circumstances.

Because we will be pulling blood for the 4DX test, this is also an opportunity to run "wellness bloodwork" at the same time. Although not mandatory, wellness bloodwork is an important aspect of every pet's health. It checks the pet's internal organs and their function (liver, kidney, pancreas, thyroid, etc.), as well as a CBC, which looks at their red blood cell counts and their white blood cell counts. The price for these upgraded profiles is listed below.

Heartworm is transmitted by mosquito bites and, as such, the "heartworm season" in Canada is from June 1st - November 1<sup>st</sup>.

Fleas/Ticks can carry various diseases, including Lyme disease. They are active once the temperatures are above 4C, therefore we recommend flea/tick prevention from December to May.

What parasite prevention product did you use for your pet last year?

*Please select all that apply. If selecting "Other," please be as specific as possible. Do not state "on file."*

Advantage Multi

Advantix

Bravecto

Heartgard

Nexgard Spectra

Simparica Trio

Other:

Did you give the medication as prescribed for the minimum recommended period of June 1st - November 1st last year? *Please be honest.*

Did you miss any doses? *Please be honest.*

Do you have leftover doses?

How many leftover doses do you have?

*We can top you up if you only need partial doses, but we need to know the exact amounts you still have left over.*

If you have leftover doses, have you checked the expiry date on the leftover product(s)?

Did your dog experience any side effects from this medication last year?

If so, please list the symptoms below:

*As with any medical product, some side effects are possible. Typically, most/all side effects are self limiting and resolve with discontinuation of the product. The most common side effects with topical products, such as Advantix, is local skin reactions at the site of application, whereas with oral products, like Bravecto, Nexgard, Nexgard Spectra, and/or Simparica Trio, the most common side effects are typically gastrointestinal upset (vomiting or diarrhea) and in some rare instances, some neurological side effects have been documented.*

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 blood testing:

Annual 4DX Blood Test (Heartworm/Tick disease screen) = \$66.30+HST (No Blood Collection Fee) -> Savings of \$42.11 + HST

Annual 4DX Blood Test PLUS Wellness Mini Blood Profile for pets <10years old = \$131.90 + HST (No Blood Collection Fee) -> Savings of \$58.50 + HST

Annual 4DX Blood Test PLUS Wellness Complete Blood Profile (includes thyroid testing) for pets >10years old = \$211.90 + HST (No Blood Collection Fee) -> Savings of \$96.50 + HST

I would like to speak to a team member, as I have some questions about the above test options.

*“Heartworm Season” is a good time to upgrade your pet's 4DX profile to a 4DX Wellness Blood Profile, as outlined above. The wellness part is discounted and costs significantly less than the same profile when run any other time of the year. By doing a combined profile, it also means the pet will only need to have one blood collection rather than two. Please note this discounted pricing is only available until July 31, 2021.*

What parasite prevention product would you like for this year's Heartworm Season (June 1st - November 1st) = 6 months treatment

Multi-Duo Topical (Advantage Multi and Advantix Combo) = \$151.26 - \$212.70 + HST (Depends on the weight of the pet)

Heartgard/Bravecto Oral Combo = \$190 - \$255 + HST (Depends on the weight of the pet)

Nexgard Spectra Oral All-In-One \*Most Popular\* = \$176.60 - \$245 + HST (Depends on the weight of the pet)

Simparica Trio Oral All-In-One = \$171.02 - \$239.02 + HST (Depends on the weight of the pet)

I would like to speak to a team member, as I have some questions about the above products

**REBATES AVAILABLE:**

*Bravecto: <https://www.bravecto.ca/en/dogs/promo> Buy 2 (6mo) = \$10 rebate, Buy 3 (9mo) = \$20 rebate, Buy 4 (1yr) = \$30 rebate (\*Until Dec. 31, 2021)*

*Nexgard Spectra: <https://nexgardspectra.ca/> Buy 6 (1 box) = \$15.00 rebate, PLUS \$2.50 off each additional chew. (\*Until Sept. 30, 2021)*

*Simparica Trio: <https://simparicatrio.ca> Buy 6 (1 box) = \$20 rebate, 7-11 = \$30 rebate, 12+ = \$35 rebate. (\*Until Dec. 31, 2021)*

Did you want any Flea/Tick Prevention Before/After the heartworm season?

Remember, fleas and ticks can be out when temperatures reach 4C or higher. Typically this includes, March, April, May and December. January and February are typically too cold but some people do choose prevention year-round.

Bravecto Oral Chew (one dose lasts 3 months) = \$63.26 - \$71.44 + HST (Depends on the weight of the pet)

Nexgard Oral Chew (One dose lasts 1 month) = \$23.78 - \$25.60 + HST each (Depends on the weight of the pet)

Advantix Topical (One dose lasts 1 month) = \$20.82 - \$24.82 + HST each (Depends on the weight of the pet)

I DO NOT want any additional flea and tick prevention products for my dog.

*Please let one of our staff know if you would like any of the above products for Flea/Tick prevention either before or after the "Heartworm season": December - May.*

Please Note: the following fees will apply for **NAIL TRIMS**. If you would like your pet to have a nail trim at the time of their scheduled examination, please indicate below. Please note the price will vary depending on species (cat vs. dog), how the pet will behave for the procedure, and how many staff members are required to complete the nail trim. Please be advised, we will not know which level will be needed for each pet prior to the appointment, so if you are not comfortable with the potential charges, please decline below.

Canine (Dog) Level 1 (\$19.90), Level 2 (\$29.90), Level 3 (\$39.90)

Please do not trim my pet's nails during this visit.

Level 1: Calm pet, only one staff member needed to complete nail trim

Level 2: Calm pet, but at least 2 staff members needed to complete nail trim.

Level 3 - Anxious/aggressive pet that requires at least 3 staff members, and may benefit from sedatives.

#### **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:

Nail Trims – Extra Charges Apply

Anal Gland Expression – Extra Charges Apply

Sanitary Trim – Extra Charges Apply

**Please note that ALL appointments, including rechecks and booster vaccinations, will incur an examination charge. Surgical RECHECK examinations are complimentary for 2 weeks post-op. Extra fees will apply if further treatments are requested or required.**

**I, the owner of the pet mentioned above, consent to (SELECT 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 AND ITEMS LISTED ABOVE** (including ones I have selected that may incur additional charges).

**Consent**

I agree to the COVID-19 examination policy.

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.

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*Signature of Owner/Agent*