



**** COVID-19 ** GENERAL APPOINTMENT
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.

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.

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.

Feline (Cat) Level 1 (\$9.90), Level 2 (\$18.90), Level 3 (\$29.90)

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.

Signature of Owner/Agent