

Chesapeake Veterinary Hospital, Inc.

(410) 643-3101

Cushings Admittance Consent Form

Date: _____

Client ID: _____

Patient ID: _____

Client Name: _____

Name: _____

Telephone: _____

Color: _____

I hereby certify that I am the owner of the above-named animal, or am responsible for it and have the authority of the owner to execute this consent. I hereby authorize the performance of the following procedure(s) _____

Please take the time to answer the following questions so that we might better serve you and your pet:

Patients Diet Information:

- Food Brand(s) _____
- Amount Fed _____
- Frequency of feeding _____
- Time of last meal _____

Cushings Medication:

Which medication is your pet currently taking: Lysodren or Vetoryl

If Vetoryl, which tablet is your pet taking: 30mg or 60mg

How many Lysodren/Vetoryl are being given at each dosing? _____

How often is this medication given? _____

When/what time was this medication last given? _____

Patient's other Medication:

- Medication #1 _____
- Dosing amount and frequency _____
- Time last taken _____
- Medication #2 _____
- Dosing amount and frequency _____
- Time last taken _____

Does your pet exhibit any of the following?

- | | | | |
|------------------------------|--|----------------------------|--|
| • Increased Thirst/Urination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decreased Thirst/Urination | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Increased Appetite | Yes <input type="checkbox"/> No <input type="checkbox"/> | Decreased Appetite | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Vomiting | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diarrhea | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Lethargy | Yes <input type="checkbox"/> No <input type="checkbox"/> | Hyperactivity | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Weight gain | Yes <input type="checkbox"/> No <input type="checkbox"/> | Weight loss | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Other: | _____ | | |

I agree to indemnify and hold Chesapeake Veterinary Hospital, Inc. harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature of Legal owner or responsible person: _____

AT WHAT NUMBER CAN YOU BE CONTACTED TODAY? _____