



All new patients are required to have physical exam, at an additional cost of \$49.00. \_\_\_\_ Int.

All patients left in our care for any reason must be current on Rabies, FVRCP. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations. According to our records your pet will be due for; Rabies, FVRCP, FELV

NOTE: IF THE PATIENT IS DETERMINED TO BE OBESE (INTERNALLY), PREGNANT, IN "HEAT", OR CRYPTORCHID (RETAINED TESTICLE), WILL BE CHARGED AND ADDITIONAL FEE. ANY FLEAS AND/ OR TICKS FOUND ON YOUR PET WILL BE TREATED AT YOUR EXPENSE.

ALL PATIENTS WILL RECEIVE PAIN MEDICATION PRIOR TO SURGERY AND GIVEN TAKE ORAL TAKE HOME PAIN MEDICATION.

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

\*\*\*\*If you would like for our staff to contact you via text message giving you an update and providing you with a picture of your pet, please write down your cell number below\*\*\*\*  
*(Please note charges may occur depending upon your cell provider.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle the following phone numbers you would like to be reached at

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Other: \_\_\_\_\_

13203 Fry Road, Suite 1200  
Cypress, Texas 77433  
832-220-1380 or Fax 832-2201385