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**A UNIT OF MAGICVETS PVT. LTD.**

**Reg. Office : SHOP-159, JAIPURIA PLAZA, SECTOR-26, NOIDA, GAUTAM BUDH NAGAR, INDIA. 201301**

**PHONE/CONTACT:** 0120-4122266**,** 9818188781**,** 8510856789**,** WEBSITE : www.magicvets.com**,**EMAIL : magicvets@gmail.com

Top of Form**New Patient Form**

Thank you for choosing Magicvets! In order to serve you and your pet(s) better, please complete the following information

**OWNER'S INFORMATION**

* NAME ……………………………………………………………
* ADDRESS …………………………………………………………..

………………………………………………………………………….

……………………………………………………………………………….

* MOBILE…………………………………………………………….
* E-MAIL …………………………………………………………….

Please co-operate with our staff for the proper paperwork allowing the pet to be treated. Acceptable form of authorization include but are not limited to a letter from the owner that is signed and dated (by the owner), a power of attorney, or a verbal confirmation with our staff of ownership along with authorization for payment.

**YOUR PET'S INFORMATION**

PETS NAME………………………………. …….. BREED……………………………………..

AGE/DOB…………………………………….. SEX…………………………………………

LAST VACCINATION DATE…………………… MICROCHIPPED NO……………………...

SPECIFIC ALLERGY…………………………….

I hereby authorize the Doctor(s) at Magicvets to perform the diagnostic, therapeutic and/or surgical procedures that the attending Doctor(s) believes are necessary and advisable for the treatment and maintenance of my pet's health. I also authorize Doctor(s) and staff to provide any other veterinary services that I have requested, now and in the future. In emergency circumstances staff members are also authorized to provide for emergency care as needed for my pet(s).   
  
I have read and understand this agreement in its entirety. I also understand that I can terminate the services anytime and all records provides to me at any time requested in writing.   
  
While I accept all procedures to be completed at the best of the abilities of the doctors and it's staff with Magicvets. I realize that no guarantee or warranty can be made regarding a cure or the results of treatment.   
  
I agree that I assume all financial responsibility for all services rendered and that all services will be paid in full immediately upon billing.

Signature (owner/attendant) Date

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**DENTISTRY CONSENT**

**This form is to promote a clearer understanding of the process involved in cleaning your pet’s teeth. Please be aware of the following facts:**

* 1. A thorough evaluation of your pet’s mouth, teeth and gums can’t be accomplished without the aid of a general anesthesia.
  2. Incidental findings, such as tumors and abscessed tooth roots, periodontal disease, cracked teeth, or Feline Odontoclastic Resorptive Lesions ( a progressive, cavity-like disease in cats) are NOT uncommon.
  3. It is frequently necessary to change our treatment plan once the pet is anesthetized.
  4. Decisions about how to treat particular problems are highly dependent on your dedication to follow up care, potential cost involved, anesthetics and relative anesthetic risk.
  5. Certain disease processes are progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain for your pet in the future. (i.e. we may extract a tooth that is not yet loose, but has significant bone loss around it.)
  6. The removal of some teeth may result in unavoidable consequences, such as the inability of your pet to keep its tongue in its mouth (common with canine or ‘fang’ extractions) or even jaw fracture (very rare event but a risk factor).

In order to minimize the time in which your pet spends under anesthesia it is important that we know your desires before proceeding. This avoids delays due to the time taken to contact you or worse yet, not being able to contact you at all during the procedure, and during a time in which a crucial decision needs be made. In most cases we make decisions as if we were treating our own pets.

If you have any questions about the general anticipation and the degree of dental/oral work that is to be completed feel free to ask the doctor prior to your pet’s procedure.

Signature (owner/attendant) Date

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**ANESTHESIA CONSENT FORM**

Fortunately advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. However, occasional problems can occur due to pre-existing conditions not evident during routine examinations.

To possibly avoid these problems, we recommend that your pet be screened prior to surgery by means of a blood profile, which will tell us more about your pet’s kidney and liver function, both of which are very important to know about before putting your pet under anesthesia.

As the owner you have the right to decide, please initial one of the following.

* 1. Yes - Please perform the “blood Profile” as recommended.
  2. No - I do not want to have the “prep profile” preformed and hereby release Magicvets and its employees of any and all possible consequences this decision could have to my pet’s health. 

I hereby authorize Magicvets and its designated veterinarians to treat, anesthetize and perform surgery upon my pet named………………….age…………..breed……………..sex………color…….

In the event that emergency treatment is required and I cannot be reached, I authorize Magicvets and Associates to perform such medical and surgical treatment as is necessary to preserve the life of my pet until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied.

I agree to pay for services rendered at the time when service is otherwise terminated.

I certify that I have read and fully understand this authorization for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I hereby release Magicvets and Associates from any and all claims, except claims for negligence arising out of or connected with the performance of their pet’s treatment.

Signature (owner/attendant) Date

Name Mobile

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**AFTER SURGERY HOME CARE**

Name…………..Breed…………Sex………Age…………Release date………………..

To continue your pet’s recovery at home, it is important that you follow these instructions. If you have any questions or concerns please don’t hesitate to call us at +918510856789

**1. FOOD AND WATER**

Water in small amounts may be given as soon as the patient is coherent to walk or after approx. 2 hours of getting home.

**2. EXERCISE**

A. Reduce exercise like mild lease walking for the next, 10 to 14 days is recommended.  
B. Do not allow unrestrained running or jumping for the next 14 days.

**3. INCISION**

A. Check incision twice daily.  
B. As long as incision remains closed, clean and free of discharge, it is healing normally.  
C. Try to prevent any licking or scratching at the incision site.

**4. WEAKNESS**

Expect your pet to be weak for a period of up to 24 hours. (This is an effect of the anesthetic).

**5. PROBLEMS TO WATCH FOR**

No appetite, Repeated vomiting, Persistent bleeding, Chewing and loss of sutures,

Excessive swelling or discharge.

**6. SPECIAL INSTRUCTIONS (IF ANY)**

Doctor’s Signature Date

Doctor’s Name Mobile

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