



**CONSENT FORM FOR TREATMENT & ANESTHESIA**

I, the undersigned owner, or owner's agents of the pet(s) identified below, certify that I am over eighteen years of age, and thereby consent to hospitalize and/or provide surgical treatment of my pet by staff veterinarians at Animal Clinic & Hospital. I understand why such treatments are recommended, and their advantages and possible complications have been explained to me. I understand that no guarantee of successful treatment is either made or implied. I understand that there is always a risk of contracting infectious diseases/viruses at any veterinary hospital, and I do not hold Animal Clinic & Hospital liable or financially responsible in any way if my pet contracts an infectious disease/virus while in the care of Animal Clinic & Hospital. If I neglect to pick up my pet at the time of scheduled discharge, I understand there will be a boarding cost incurred. *I agree to assume financial responsibility for the balance of all services rendered on a cash, credit card, or check basis at the time my pet is discharged from the hospital.*

**LABORATORY TESTS**

A blood screen helps us assess more completely the health status (WBC, RBC, liver/kidney health, and diabetes risk) of your pet and determine if we need to take any additional precautions before surgery. This is recommended for any patients 7 years or older and suggested for younger pets as a way of establishing a baseline history.

**YES NO**

**\$103.50**

**PAIN MANAGEMENT/ANTIBIOTICS/MISC MEDICATIONS**

Various medications may be prescribed at the doctor's discretion at an additional cost (above any quoted prices). If there are any concerns or questions regarding these medications you are encouraged to discuss them with a staff member.

**YES NO**

**I.V. CATHETER/FLUIDS**

An intravenous catheter and fluids may or may not be recommended for your pet's procedure. This treatment helps during surgery to increase blood pressure and provides an immediate IV access port in case life-saving medication is required. Would you consent to this treatment if the veterinarian recommended it for your pet?

**YES NO**

**\$75.00-\$93.25**

**CURRENT MEDICATIONS**

Is your pet currently taking any medications? **YES** or **NO** If yes, which medications? When was the last dose given?

**DENTAL CONSENT**

*If having a dental*, an extraction can cost between **\$25.00** and **\$79.00** depending on the condition and type of tooth. Should any unforeseen dental procedure be necessary and desirable in the veterinarian's professional judgment:

- I prefer that you **proceed with all** necessary dental procedures.
- I prefer to be **called before any** additional dental procedures. If I cannot be reached, I authorize the veterinarian to proceed with all necessary procedures.
- If I cannot be reached by phone, **I do not authorize any** unforeseen dental procedures.

**ADDITIONAL SERVICES**

Please note any additional services that you would like us to perform while your pet is anesthetized:

- |  |                       |  |               |
|--|-----------------------|--|---------------|
| <input type="checkbox"/> Deworming     | \$ _____              | <input type="checkbox"/> Express Anal Glands | \$26.75 _____ |
| <input type="checkbox"/> Clean Ears    | \$25.00 - 40.00 _____ | <input type="checkbox"/> Microchip           | \$46.00 _____ |
| <input type="checkbox"/> Therapy Laser | \$10.50 _____         | <input type="checkbox"/> Other _____         | \$ _____      |
| <input type="checkbox"/> Nail Trim     | \$6.75 _____          | <input type="checkbox"/> Other _____         | \$ _____      |

Name of pet(s)      Date      Print First Name      Signature of Owner or Agent      Phone Number(s)