

Animal Clinic and Hospital

1222 Logan St. Moscow, ID 83843 208-882-4712
https://animalclinic.org/



Checked in by: _____

SCANNED?

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.

We strive to ensure accuracy on estimates, however conditions and needs may change acutely in our patients, leading to actual charges going outside the range of the estimate. We will attempt to contact you in cases where there may be a variation in charges.

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. We recommend your pet to have bloodwork within the last 12 months for patients under 7, and require it be performed within the last 6 months for patients older than 7.

- Basic Blood Panel (Complete Blood Count, Abbreviated Chemistry, and Electrolytes) (\$114.25)
 Comprehensive Blood Panel (Complete Blood Count, Full Chemistry, and Electrolytes)
 Comprehensive Plus Panel (Complete Blood Count, Full Chemistry, Electrolytes, and Thyroid)
 Comprehensive Plus Urinalysis (Complete Blood Count, Full Chemistry, Electrolytes, Thyroid, and Complete Urinalysis)
 Owner declines (optional if patients are under 7 years of age) **Already has had within last 6 months.**

If your pet is older than 7 or if a heart murmur is detected, we will perform a Cardiopet (ECG) before the procedure.

CURRENT MEDICATIONS

Is your pet currently taking any medications? **YES** **NO** Did your pet eat this morning? **YES** **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 **\$80.75** 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 \$30.50 | <input type="checkbox"/> Clean Ears \$25.50 - 41.00 |
| <input type="checkbox"/> Microchip \$47.00 | <input type="checkbox"/> Therapy Laser \$10.75 | <input type="checkbox"/> Cardiopet \$22.50 |
| <input type="checkbox"/> Nail Trim \$7.00 | <input type="checkbox"/> Vaccines _____ | <input type="checkbox"/> Other _____ \$ _____ |

The doctor may recommend additional antibiotics or pain medications based on the procedure performed. If there are any concerns or questions regarding these medications, you are encouraged to discuss them with a staff member.

Name of Pet _____

Contact Number _____

Name of Owner or Authorized Agent _____

Signature of Owner or Authorized Agent _____

Date _____