

French Creek Veterinary Hospital/Country Companion Animal Hospital

CONSENT FOR TREATMENT AND /OR SURGERY

Owner's Name: _____ Spouse/Other: _____

Contact number where you can be reached today: _____ Pet: _____

Purpose of admission _____

Please list any medications to be administered, as well as the reason they have been prescribed:

Pre-anesthetic blood tests: Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. Such testing is especially important before any surgery. These tests are similar to those your physician would perform prior to anesthesia. Our greatest concern is the well being of your pet. For those reasons, we highly recommend blood screening before surgical procedures. **The cost for this testing is \$55.25**

_____ **I elect pre-anesthetic blood testing**

_____ **I decline pre-anesthetic testing and request that you proceed with anesthesia. I understand the risk to my pet if this testing is not performed.**

**** If your pet is 7 years of age or older additional blood tests will be required at additional cost.**

Additional Requests:

If the requested procedure involves growth removal _____ I elect biopsy _____ I decline biopsy

Do you want a Home Again Microchip placed in your pet today? _____

Do you want a courtesy nail trim for your pet while here under sedation? _____

Do you want your cat tested for FeLV/FIV today? _____

Is there anything else we can do for your pet while he/she is here? _____

*****If your pet is found to have fleas upon admission, a flea product will be administered and charged. This is necessary to protect the other animals in the hospital and kennel.**

I, the undersigned owner (or owner's agent) of the pet identified above, give permission to the staff of FRENCH CREEK VETERINARY HOSPITAL/COUNTRY COMPANION ANIMAL HOSPITAL to hospitalize, anesthetize, medicate, treat or perform surgery on my pet. I understand that since some risks always exist with anesthesia and/or surgery, should unexpected life-saving emergency care be required, I authorize FRENCH CREEK VETERINARY HOSPITAL/COUNTRY COMPANION ANIMAL HOSPITAL staff to provide treatment which they deem necessary.

I understand that if my pet remains hospitalized there will not be overnight supervision provided.

I further understand that it can be very stressful to an animal to be hospitalized and that this stress may cause underlying physical conditions to become apparent. This can result in illness or even death. In this regard, I release FRENCH CREEK VETERINARY HOSPITAL/COUNTRY COMPANION ANIMAL HOSPITAL from any liability for circumstances beyond their control.

Eliminating unnecessary administrative costs is just one of the tasks we take very seriously. We do this by requiring full payment at the time services are rendered. All balances not satisfied under these terms are subject to additional interest and collection costs. A deposit may be required upon your pet's admission to the hospital. We are sensitive to the cost of caring for the medical needs of your pet. If you would like an estimate of charges anticipated, or at anytime during the course of your pet's hospital stay; please do not hesitate to ask. For your convenience, we do accept Visa, Discover, and MasterCard.

(Read Before Signing)

Signature of Owner or Agent

Date