

**LANDISVILLE ANIMAL HOSPITAL
PRE-SURGICAL TREATMENT CONSENT FORM**

Client: _____ Date: _____
Patient: _____ Phone: _____
Species: _____ Breed: _____
Age: _____ Sex: _____ ID: _____

Procedure: _____ **Weight:** _____

Doctor: _____

Is your pet on heartworm preventative? _____ YES _____ NO _____ TEST
Vaccinations: _____ FVRCP _____ LEUKEMIA _____ RABIES _____ EXAMINATION
_____ DISTEMPER _____ BORDETELLA _____ LYME _____ FECAL TEST

Microchip: _____ Tattoo: _____

I authorize Landisville Animal Hospital and its agents to perform the above procedure(s). I also consent to the administration of such anesthetics as are necessary and surgical procedure of an emergency nature. I understand that every effort will be made to accomplish these procedures, surgeries, or treatment without incident; however, I understand that no warranty or guarantee can be made as to the result or care.

- HAS YOUR ANIMAL RECEIVED ANY MEDICINE THIS AM? NO _____ YES _____
If YES please list meds _____
- DID YOU FEED YOUR ANIMAL AFTER MIDNIGHT? NO _____ YES _____
- WHAT MEDICATION IS YOUR ANIMAL CURRENTLY TAKING?

- DOES YOUR PET HAVE ANY FOOD ALLERGIES OR SPECIAL DIETARY RESTRICTIONS?
NO _____ YES _____ IF YES, PLEASE LIST:

Please INITIAL your choice:

- I UNDERSTAND THAT BEFORE ANESTHESIA, IT IS SOUND MEDICAL PRACTICE TO PERFORM PRE-SURGICAL BLOOD CHEMISTRY TESTING, ESPECIALLY ON ANY ANIMAL OVER 5 YEARS OF AGE.

_____ I **DESIRE** basic pre-anesthetic lab work
(Checks blood sugar, kidney, liver, and anemia \$82.00)

_____ I **DESIRE** comprehensive pre-anesthetic lab work
(More thorough kidney and liver enzyme checks, electrolytes and complete blood cell count \$162.25)

_____ I **DECLINE** pre-anesthetic lab work

- FOR PETS HAVING **LUMPS** AND/OR **MASSSES** REMOVED

_____ I **DESIRE** _____ I **DECLINE** a BIOPSY (Biopsy \$127.75; Each Additional Biopsy \$44.75)

- IN THE EVENT OF AN UNLIKELY LIFE-THREATENING COMPLICATION

_____ I **DESIRE** _____ I **DECLINE** cardiopulmonary resuscitation for my pet

Animals that may require Dental care;

- **Teeth Extractions:**

_____ **Please call** me before any teeth are extracted

_____ It is **NOT NECESSARY** to call me before any teeth are extracted

• **Dental Radiographs:**

_____ I **Approve SPOT** radiographs (\$18.50 per x-ray)

_____ I **Approve FULL** mouth radiographs (\$93.75- \$137.50)

_____ I **Decline** dental radiographs

• **FLEA TREATMENT**

Fleas are a significant problem recently. In order to keep our facility, and other patients 'flea free', each admitted animal will be checked for fleas. If we find any, we will treat them with Capstar. Capstar is a very safe oral tablet that kills all fleas within minutes of administration and lasts 24 hours. Landisville Animal Hospital will notify you if fleas are found on your pet. The responsibility of cost of administration (approximately \$11.00) will be placed upon the owner. Thank you for your understanding.

By signing I **GIVE CONSENT** for treatment of fleas if needed: _____

IN THE EVENT THAT WE CAN NOT REACH YOU AT THE ABOVE PHONE NUMBER(S), WE WILL PERFORM THE APPROPRIATE PROCEDURE(S) TO ENSURE YOUR PETS HEALTH.

I accept financial responsibility of the treatment and understand that payment in full is due upon release of this animal from the hospital or when service is otherwise terminated.

I certify that I have read and fully understand this authorization for medical and/or surgical treatment.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT

STAFF SIGNATURE