

CONSENT FORM

Procedure: _____

Date: _____

Client Name: _____

Phone: _____

Appointment Date: _____

Pet Name: _____

Species: _____ Gender: _____

Breed/Color: _____

AGREEMENT

Avid FriendChip: Identification and Pet Lifetime Registration: The leading cause of death for our pets is getting lost without identification. The Avid FriendChip is the best way to identify your pet. Real protection that can't fade or fall off.

_____ Yes, I want my pet to have an Avid FriendChip _____ No, I do not want my pet to have an Avid FriendChip

Pre-surgical Exam: A current exam within the last three (3) months is required for all procedures incorporating anesthesia.

_____ **Yes, my pet is current on their exam.** _____ No, my pet is not current on their exam.

Vaccines: Pets must be current on their Vaccines. For canines this includes DA2PPC, Bordetella, Lyme and Rabies. For Felines this includes FVRCP, Rabies and FELV.

_____ **Yes, my pet is current on Vaccines.**

Pre-Anesthetic Blood Test: This is recommended for all patients. It is the only way to check for organ dysfunction such as sub-clinical kidney or liver disease. A blood test is required for all patients over five (5) years of age and/or under five (5) pounds.

_____ **Yes, I want my pet to have a blood test.** _____ No, I do not want my pet to have a blood test.

IV Catheter: This is recommended for all patients. A catheter is required for patients over five (5) years of age and/or under five (5) pounds.

_____ **Yes, I want my pet to have an IV Catheter.** _____ No, I do not want my pet to have an IV catheter.

Buster Collar: This is recommended for all patients. In the event that your pet removes the sutures from his or her incision, there will be an additional fee for re-suturing and anesthesia. A buster collar will help prevent these instances from occurring.

_____ **Yes, I want my pet to have a Buster Collar.** _____ No, I do not want my pet to have a Buster Collar

Flea Control: Fleas are abundant in this area and can cause discomfort, anemia, allergies and even death to many pets. However, they are an easy pest to control with modern and safe medications.

_____ **Yes, I want Flea Control for my pet.** _____ No, I do not want Flea Control for my pet.

Heartworm Prevention: Heartworms are transmitted by mosquitos. A heartworm test is required for all patients over the age of (6) months to purchase heartworm preventatives. After starting treatment, a yearly heartworm test is recommended.

_____ **Yes, I want Heartworm Preventative for my pet.**

_____ No, I do not want Heartworm Preventative for my pet.

_____ **Spays and Neuter:** If your pet is in heat, overweight, pregnant, chryptorchid (testicle(s) not descended) or has any other unusual conditions, there will be an additional charge. We will notify you if any additional charges are necessary.

_____ **Dental:** If extractions are necessary during dental, there will be an additional charge. We will notify you if any extractions are necessary.

_____ **Pain Management (Analgesia):** A pain injection is administered to all spay and neuter patients at no additional charge. It is required that you purchase pain medication to administer to your pet for two (2) – four (4) days following their surgery. It is proven that pain relief will expedite their recovery.

DISCLAIMER

I understand that sedation, anesthetics, diagnostic and therapeutic procedures have current and future risks that could lead to discomfort, injury, permanent disability and even death of my pet(s). I assume all responsibility for, and hold the Animal and Bird Hospital Inc. and its employees harmless for any risks to my pet, and any associated risks and/or expenses to me and/or my family.

I, the undersigned, owner of admitted patient, hereby give authority to administer such procedures as are considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics as are necessary. I hereby certify that I have read and fully understand the above authorization. Further, I assume financial responsibility for all charges incurred. This consent form is an attempt by the hospital to be as accurate as possible in predicting the cost of these services. Additionally, my pet may require further services which will be charged accordingly.

Client Signature: _____ Date: _____