

Surgical/Medical Treatment Consent Form

Radford Animal Hospital

P.O. Box 3512

Radford, VA 24143

Owner's Name: _____

Date: ____/____/____

Animal's name: _____

Species: _____

I, being responsible for the above-described animal, have the authority to give and do hereby grant you my consent to receive, prescribe for, treat, and/or operate on my pet. I understand the surgery or treatment contemplated is:

Pre-anesthetic testing is recommended on every surgery patient, regardless of age. The three primary reasons for testing are:

- a) To make certain the patient's kidneys and liver are functioning properly;
- b) To make certain the blood is healthy to carry adequate oxygen, stop bleeding and fight infection;
- c) To identify pre-existing, congenital, or emerging conditions not evident from a physical exam.

Post-operative pain medication is **required** for all surgeries except for routine dentals with no extractions. Cost will approximately be between \$50-\$60, dependent on patient's weight.

If your pet is older or has health problems, the doctor may elect to do the pre-anesthetic testing without consent for the safety and well-being of your pet.

I consent to Pre-Anesthetic Testing.....YES or NO (circle one)
Approximately \$58

I consent to Microchip Placement.....YES or NO (circle one)
Approximately \$51

I consent to Oravet Treatment.....YES or NO (circle one)
Approximately \$41

I consent to Oravet Takehome Kit.....YES or NO (circle one)
Approximately \$41

I understand that all reasonable precautions will be taken to prevent injury, escape, or death of this pet. I further understand that even though diligent care and treatment will be given to my pet, there can be no guarantee made in the practice of medicine for the recovery of every animal.

All charges, including boarding costs, shall be paid upon the release from the hospital. It is understood that the animal cannot be released until these financial arrangements have been satisfied. If the pet is not called for within five (5) days after the time specified for return, or the doctor is not notified, in writing, within the five day period of an acceptable alternative date, the animal will be considered abandoned and proper notification will be sent, in accordance with Virginia law. It is understood that this does not relieve me, the owner, from paying for all costs of your services and use of your hospital.

Personal items left for pet (please list in detail): _____

<input type="checkbox"/> LEFT LEASH AND COLLAR <input type="checkbox"/> LEFT CARRIER-color	OR	FOR OFFICE USE ONLY <input type="checkbox"/> TOOK LEASH AND COLLAR <input type="checkbox"/> TOOK CARRIER	NO LEASH NO CARRIER
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ALL ANIMALS ENTERING THE HOSPITAL MUST BE UP-TO-DATE ON VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES (WORMS, FLEAS, TICKS, ETC.) OR THEY WILL BE TREATED UPON ENTRY AT THEIR OWNER'S EXPENSE.

I have read, understand, and agree to the provisions above.

Owner or Responsible Party _____ Date ____/____/____

Daytime Phone _____ - _____ - _____ Evening Phone _____ - _____ - _____