

Client Consent Form for Lakes Area Veterinary Hospital

Date: _____

Name: _____ Patient: _____

Species: _____ Breed: _____ Sex: _____

Phone number you can be reached at today: _____

Procedures to be performed: _____

Please read carefully and sign

I, the undersigned owner or agent of the pet identified, authorize the veterinarian(s) and staff at Lakes Area Veterinary Hospital to perform the above procedure(s). I understand that some risks always exist and that I'm encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and most serious complications
- The length and type of follow-up care required
- The estimate of the fees for all services provided

We highly recommend a blood profile before anesthesia and surgery to ensure that your pet is in a low-risk category. The latest technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run were you to undergo anesthesia. Before performing surgery or any other procedure/hospitalization, your pet must be up to date on vaccinations (minimum of rabies and distemper/parvo) and free of any external or internal parasites. We also highly recommend testing for heartworms. If your pet is not current on the above, additional charges may be incurred to have these completed and cleared by our hospital.

Please initial below the tests/procedures you wish to have performed on your pet.

These prices are in addition to the surgery/treatment costs.

Pre-anesthetic Bloodwork	Accepted _____ Initial _____	Denied _____ Initial _____
Sevoflurane (high risk, older patients)	Initial _____	as needed due to blood work Initial _____
Propofol (small patients 10# & under)	Initial _____	11-39# Initial _____
Pain Medication	Initial _____	if needed only Initial _____
We will give pain meds if your pet is in severe pain.		
Heart Monitor/Pulse Oximetry	Initial _____	
Microchipped	Initial _____	
IV Catheter/Fluids(elective surgeries only)	Initial _____	

My pet is up to date on vaccinations, heartworm test and preventative, and intestinal worm check by Dr _____ on _____ date.

Estimate (estimate price may vary) amount \$ _____ Initial _____

Deposit on hospitalized patient amount \$ _____ Initial _____

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment via cash, check or credit card. I have read fully and understand the terms and conditions set forth above.

Any animal presented for surgery that has been found to have fleas or ticks will have the appropriate treatment applied at the owners expense.

Signature of owner or authorized agent _____