

Port Veterinary Clinic

Owner's Name: _____ Telephone _____
Animal's Name: _____ Breed: _____
Sex: _____ Age: _____ Weight: _____ Color: _____

I, being responsible for the above described animal, have the authority to grant my consent to treat and/or perform surgery on _____ (animal's name)
I understand that the contemplated treatment/surgery is _____

A pre- surgery blood test to screen for kidney disease, liver disease, diabetes or other (but not all) major serum chemistry abnormalities is available, blood work is recommended, but not required.

PLEASE CHECK ONE OF THE BOXES BELOW

- I agree to a comprehensive pre-surgical screening, at an additional fee of **\$35**
- I agree to a limited pre-surgical screening at an additional fee of **\$25**
(recommended for young animals)
- I agree to a Complete Blood Count which will check for underlying infections and Anemia at an additional fee of **\$15**
- I do not wish to have the screening performed

We do offer post-op pain management at an additional fee.

PLEASE CHECK ONE THE BOXES BELOW

- I wish to have pain management medication for the above animal, at an Additional charge.
- I wish to have a one time injection for pain, which last approximately 24 hours, At an additional charge
- I do not wish to have any pain management for the above animal at this time.

You are to use all reasonable precautions against injury, escape or demise of the animal, but you will not be held liable or responsible in any manner or circumstance on account of care, treatment or safekeeping of the animal described above, I assume all risks.

I agree that if the animal is not current on necessary vaccinations for distemper, parvovirus or rabies, this will be done upon hospitalization and added to the cost of the above mentioned procedure(s).

I understand that other conditions not known may make it advisable that other surgery or treatment be done and I authorized such surgery or treatment if deemed necessary.

I consent to the administration of such anesthesia as is deemed proper by the doctor.

I acknowledge that no assurance or guarantee has been made of the results of surgery or treatment and that risks and probabilities of complications exist in any surgical or medical treatment.

All charges including boarding costs shall be paid when the animal is released from the hospital. If the animal is not called for within 10 days of the time specified the animal will be considered abandoned and may be disposed of at the doctor's discretion. It is agreed that doing so does not relieve me of all costs incurred.

AFTER CAREFULLY READING THE ABOVE, I HAVE SIGNED IN AGREEMENT:

_____ (date) _____ (signed)