CCAH Veterinary Services
110 Morview Blvd
Morgantown, PA 19543

Reproduction Services Consent Form

Date:	Patient's Name:
Owner's Name:	Phone Number
Purpose of Admission/Boarding: ____Insemination: Vaginal / Transcervical / Surgical Male Name/ID:_____ ____Caesarian Section ____Other: Please specify: _____	Please list all medications or supplements:

- **Pre-anesthetic blood tests**: Our greatest concern is the well-being of your pet, and due to the elective nature of reproduction, blood screening is mandatory for all surgical procedures at an additional cost.
- If your pet is found to have fleas upon admission, a flea product will be administered and charged.
- Proof of current rabies vaccination is required for boarding. Pets **will** be denied boarding without proof of vaccination.

_____ **Caesarean section**

- _____ You may shave/clip the front legs in order for most sterile IV catheter placement

_____**Surgical Insemination**

- _____ You may shave/clip the front legs in order for most sterile IV catheter placement
- If frozen semen - I elect: **(**Must choose one **)**
  - _____Place the female under anesthesia and examine the uterus for health before thawing
  - _____ Thaw the semen first before placing the female under anesthesia

Anything else we can do for your pet during their stay? _____

I am aware of the estimated costs of my pet's services, which is $_____ to $_____. I understand this estimate is for informational purposes only and is not a guarantee that the actual costs incurred will fall within the above referenced ranges. I understand that payment is required in full when my pet is discharged from the hospital. In the event that my pet dies or is euthanized while hospitalized, full payment is due immediately. A deposit may be required at the time of admission.

A valid credit card must be placed on file at the time of services rendered. Upon settlement of final bill, you may choose to pay with any of the accepted payment methods of CCAH. Should payment not be settled after the completion of services, CCAH Veterinary Services, Inc. will use this card to settle the outstanding balance. If you do not wish to provide your credit card information, we will require a $1000.00 deposit.

Owner/Agent Initials: _____ **CCAH Doctor Initials:** _____

Cardholder's Name:	Type of Card: Visa / Mastercard / AmEx / Discover
Street Address:	Card Number:
City	Card Expiration:
State Zip Code:	Card ID:

I, the undersigned, am the owner or agent for the owner of the animal described above. I have the full and exclusive authority to execute this consent and am over 18 years of age. I give permission to doctors, staff, authorized agents, or representatives of CCAH Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I am aware of the risks and complications associated with any surgery, anesthesia, hospitalization, procedure, and medications that may be given or dispensed for my pet. I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost. If life-saving emergency care is required, I authorize CCAH Veterinary Services doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary. I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure. I understand that if my pet remains hospitalized, there will not be overnight supervision provided. I further understand that it can be very stressful to an animal to be hospitalized and this stress may cause underlying physical conditions to become apparent. This can result in illness and even death. CCAH Veterinary services strives to provide the best in veterinary services; unfortunately, no guarantee can be made regarding the outcome of the services provided. I release CCAH Veterinary Services from any and all liabilities.

Owner/Agent Signature: _____ **Date:** _____
Owner/Agent Printed Name: _____

CCAH Staff Initials Only: _____ **Critical Care Level Form** _____

I have read and understand my pet's discharge instructions: _____