CCAH Veterinary Services
110 Morview Blvd
Morgantown, PA 19543

Reproductive 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. This is necessary to protect the other animals in the hospital and kennel.
- ★ Proof of current rabies vaccination is required for boarding. Pets will be denied boarding with proof of vaccination.

_____ **Caesarian section**

- _____ You may shave/clip the front legs in order for most sterile IV catheter placement
- Pain medication will be dispensed unless you initial here to decline _____

_____**Surgical Insemination**

- _____ You may shave/clip the front legs in order for most sterile IV catheter placement
- Pain meds will be dispensed to go home unless you initial here to decline _____
- 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? _____

Credit Card Information - Payment in full is required at time of services rendered. A deposit may be required. 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.

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, and I have the authority to execute this consent. 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 have been informed that there are risks and complications associated with any surgery, anesthesia, hospitalization, procedure, or 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. Should life-saving emergency care be 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 or 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 or even death. I release CCAH Veterinary Services from any and all liabilities.

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

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

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

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