



CCAHA Veterinary Services
 110 Morview Blvd.
 Morgantown, PA 19543
 610-286-9065

Treatment and Surgery Consent

Date: _____	Patient's Name: _____
Owner's Name: _____	Phone Number: _____
Purpose of Admission: <input type="checkbox"/> Ovariohysterectomy (spay) <input type="checkbox"/> Orchiectomy (neuter) <input type="checkbox"/> Other surgery _____ <input type="checkbox"/> Supportive Care (Fluids, medications, etc) <input type="checkbox"/> Additional Diagnostics (Bloodwork, X-rays, etc) Other: _____	Please list all medications or supplements:

Pre-anesthetic blood tests: Many conditions, including disorders of the liver, kidneys, blood & problems with clotting and bleeding are not detected unless blood testing is performed. Such testing is especially important before any surgery. Our greatest concern is the well being of your pet, and we *highly* recommend blood screening before surgical procedures.

Please initial next to these options to indicate your selection.

I elect pre-anesthetic comprehensive blood testing (\$145) -OR- I elect pre-anesthetic minimal database blood testing (\$75)
 I elect pre-anesthetic coagulation (clotting) testing (\$43)

Pre-anesthetic blood tests have already been performed.
 I decline pre-anesthetic testing and request that you proceed with anesthesia. I understand the risk to my pet if this testing is not performed.

Additional items: Please initial next to these optional choices to indicate your selection.

- Recommended biopsy of tumor or growth (if applicable). Cost for biopsy is \$164.57
- HomeAgain Microchip placement. Cost for microchip placement and registration is \$54.45
- FeLV/FIV tested (cats only). Cost for this test is \$51.45
- Anything else we can do for your pet during their stay _____
- If your pet is found to have fleas upon admission, a flea product will be administered and charged..

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.

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

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 CCAHA 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 CCAHA 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. CCAHA 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 CCAHA Veterinary Services from any and all liabilities.

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

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

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