

Checked In By:

HILLSIDE VETERINARY HOSPITAL

Scanned Attached

191 Augustine Avenue
Charles Town, WV 25414
(304) 728-2203

Surgery/Procedure Consent Form

ATTENTION: Please confirm the below information and make any changes necessary. Thank you!

Client ID:		Patient ID:	
Client Name:		Name:	
Address:		Species:	
		Breed:	
		Sex:	
Telephone:		Color:	
Email:		Birth Date:	

• **Procedure(s) or Surgery being performed:** _____

Note: If females are pregnant or in heat, there is an additional fee incurred. If your pet is pregnant, please indicate your wishes: Spay (this will terminate the pregnancy) Not perform the procedure. Not Applicable

- Dental Procedure** (Basic Dental Procedure includes: Teeth cleaning and polishing, full-mouth Dental x-rays, IV catheter and IV fluids.) Extractions are not included in the standard Dental price, and will be an added cost if the Veterinarian deems them necessary.

Do You Authorize a Pre-Operative Blood Screen: We strongly recommend doing a routine blood screen prior to your pet receiving anesthesia today. The administration of anesthesia can sometimes affect organ function, especially the liver/kidneys. This important blood screen helps us determine if there are any additional precautions we may need to take prior to your pet's procedure.

This pre-operative blood screen will add an additional \$48

- Yes, I authorize this blood screen**
- No, I decline the recommended test**

Vaccinations: Please indicate which vaccinations/tests, or services, you would like us to perform today:

<p>Cats:</p> <input type="checkbox"/> Rabies \$25 <input type="checkbox"/> 4in1/FVRCP \$20-26 <input type="checkbox"/> Leukemia \$28 <input type="checkbox"/> Leukemia/FIV test \$50	<p>Dogs:</p> <input type="checkbox"/> Rabies \$25 <input type="checkbox"/> DHPP \$20-\$26 <input type="checkbox"/> Lyme \$31 <input type="checkbox"/> Bordetella \$24 <input type="checkbox"/> Canine Influenza \$52 <input type="checkbox"/> Leptospirosis \$25 <input type="checkbox"/> Heartworm/Lyme/Ehrlichia/Anaplasma test \$45	<p>Additional Services:</p> <input type="checkbox"/> Microchip Implantation \$39 <input type="checkbox"/> Anal Sac Expression \$18 <input type="checkbox"/> Ear cleaning/medicate \$33 <input type="checkbox"/> Pain medication to go home (varies) <input type="checkbox"/> Nail Trim \$12
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If declining vaccinations today: WV state law requires a current Rabies vaccination on all pets. I attest that my pet is current on its vaccinations, including Rabies, and should my pet bite a person, or another animal, while at Hillside Veterinary Hospital, I can and will provide proof of a current Rabies vaccination within 24 hrs.

AUTHORIZATION: I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet if it stays overnight (pets needing special care may be referred to a 24 hour hospital).

Owner Signature: _____ Date: _____

Phone Number to reach you today: _____ May we text? Yes No

Any meds your pet is on? _____	Last dose: _____
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