

Consent Form for Treatment and/or Surgical Admission

Pet's Name _____ Owner _____

Presented for: _____ **(Client Initials)** _____

I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I am** eighteen years of age or older. I consent to the examination, performance of lab tests/treatment prescription of medication, hospitalization, sedation, administration of anesthesia, and/or performance of surgical procedures on my pet, along with preventative healthcare based on our records by staff veterinarians and consultant surgeons at SOUTHEASTERN VETERINARY HOSPITAL, P.A. and staff. **My pet last ate** _____.

It is our job to ensure that your pet can properly process and then eliminate the anesthetic he or she is given. Before we perform any procedure requiring anesthesia, **we strongly recommend** running tests to confirm that your pet's organs are functioning properly and to reveal any hidden health conditions that could put your pet at risk.

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated.

Accept ___ or **decline** ___ pre-anesthesia bloodwork for **\$67.75 (6 test)** ___ or **\$86.00 (12 test)** ___ or at **Dr.'s discretion** ___ **Not Applicable** ___. **WOULD YOU LIKE YOUR PET MICROCHIPPED TODAY? ACCEPT** ___ **DECLINE** ___ **IF YOUR PET IS PREGNANT, DO YOU STILL WANT HER SPAYED? ACCEPT** ___ **DECLINE** ___

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If this pet is hospitalized, I agree to pay a deposit of \$ _____ toward the total bill. I agree to assume financial responsibility for the remaining fees and will provide payment via cash, credit card or check at the time my pet is discharged from the hospital. In the event the pet is hospitalized for more than 48 hours and the attending doctor is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance. This is not a charge agreement.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I agree that either I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges when this patient is released from the hospital. I agree that if I fail to comply with this policy, the hospital may handle this abandonment in a manner that is in the best interest of the pet and the hospital.

IF THIS FORM IS BEING SIGNED FOR THE PURPOSE OF BOARDING IT WILL BE VALID FOR ONE YEAR.

Client Signature

Date

Signature of Witness

Phone Numbers

HAVE YOU TALKED WITH YOUR DOCTOR ABOUT THE FOLLOWING

1. The medical and/or surgical treatment alternatives for your pet
2. Sufficient details of the procedures for you to understand what will be performed
3. How fully your pet might respond or recover and how long it could take
4. The most common and serious complications
5. The length and type of follow-up care and home restraint required
6. The estimate of fees for all services
7. Any necessary payment arrangements