

Companion Pet Clinic-Forest Grove

Quality Veterinary Care At Affordable Prices

Owner _____ Pet's Name _____ Date _____

I am the owner of the above named animal(s) or am responsible for it (them) and have the authority to sign this consent. I hereby authorize the performance of the following procedure(s): _____

I also authorize COMPANION PET CLINIC – FOREST GROVE to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenance of my pet's health and well being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I expect all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantees or warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital director and his/her staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet.

I realize that my pet will be discharged only during regular office hours and when the Doctor(s) or his/her associates are present, and the fee due for it's care will be paid in full at that time, I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases, COMPANION PET CLINIC – FOREST GROVE will attempt to estimate the cost of treatment. It is understood that the actual cost may exceed or be lower than the estimate.

Pre-Operative Blood Work:

If your pet is in for anesthesia/surgery, he or she should be fine. We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of insuring your pet to be in a low risk category during anesthesia. This includes indicators of anemia, dehydration, kidney function, and liver function. By performing this pre-op blood profile, we will be better able to rule out these pre-existing internal problems that may not be evident physically but could lead to serious complications. There is an additional **\$24.95** fee for these important procedures. PLEASE INDICATE YOUR CHOICE BY INITIALING THE LINE BESIDE THE APPROPRIATE RESPONSE. (PRE-OPERATIVE BLOOD WORK IS REQUIRED FOR PETS SIX (6) YEARS OR OLDER.)

_____ YES. PLEASE COMPLETE the blood work
you recommended prior to surgery, and
call me if there are any abnormalities found

_____ NO. I ELECT TO REFUSE the pre-
operative blood work at this time and request
you continue with the scheduled procedure.

Post Operative Pain Medication:

While anesthesia provides complete relief during surgery, if you would like your pet to be given additional post-operative pain medications to help relieve the discomfort of surgery please indicate below. There is an additional **\$17.50** fee for post-operative pain medication. PLEASE INITIAL YOUR CHOICE:

_____ YES, PLEASE ADMINISTER POST-OPERATIVE PAIN MEDICATION TO MY PET.

_____ NO, I ELECT TO DECLINE/REFUSE POST-OPERATIVE PAIN MEDICATION FOR MY PET.

NOTICE FOR SPAYS ONLY:

_____ YES, I AUTHORIZE THE SPAY PROCEDURE TO BE COMPLETED IF MY PET IS PREGNANT.

_____ NO, I DO NOT AUTHORIZE THE SPAY PROCEDURE TO BE COMPLETED IF MY PET IS PREGNANT.

NOTICE: THERE IS AN ADDITIONAL CHARGE FOR SPAYING PREGNANT DOGS AND CATS. THERE IS ALSO AN ADDITIONAL CHARGE FOR SPAYING DOGS THAT ARE IN HEAT. THERE IS NOT AN ADDITIONAL CHARGE FOR SPAYING CATS THAT ARE IN HEAT.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM. **AND I CONFIRM THAT MY PET HAS NOT EATEN IN AT LEAST 12 HOURS:**

Signature of owner or designated agent: _____

Phone numbers where I can be reached today: _____