

Phone Number:

ANIMAL MEDICAL CENTER
James E. Pastrovich, D.V.M.

SURGICAL AND HOSPITAL CONSENT

Owner's Name _____ Date _____

Animal's Name _____ Species _____ Breed _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and /or operate upon my pet. I understand the surgery or treatment contemplated is:

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

All charges including boarding costs shall be paid upon release from the hospital. If the pet is not called for within 10 Days after the time specified for return and if the doctor is not notified in writing of an alternative date within the 10 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of your services and use of your hospital including the cost of boarding. After carefully reading the above, I have signed in agreement.

____(Initial): I understand that Animal Medical Center is not a 24 hour facility. The office is not staffed and the animals are not under direct supervision after closing hours.

PRE-ANESTHETIC TESTING

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys or blood, are not detected unless blood testing is performed. For these reasons, we highly recommend blood screening before such procedures.

Kidney Function Liver Function Blood Proteins Blood Differential Electrolytes

Total Cost of Testing \$ 74.00

Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and/or surgery. Please indicate your choice below:

Please check one of the boxes and sign below:

- () I AUTHORIZE THE PRE-ANESTHETIC TEST.
- () I REFUSE THE PRE-ANESTHETIC TEST.

HEARTWORM POLICY

Before administering anesthesia, we require that said dog has been on heartworm preventative year around or had a recent heartworm test.

- () DOG HAS BEEN ON PREVENTATIVE OR HAD RECENT HEARTWORM TEST
- () DOG HAS **NOT** BEEN ON PREVENTATIVE AND REQUIRES HEARTWORM TEST PRIOR TO GIVING ANESTHESIA

TURN OVER

Phone Number:

OPTIONAL SERVICES

Your animal is very important to us. We would like to offer the following additional services while your pet is staying at Animal Medical Center.

- () AVID Microchip and Registration _____ \$ 54.00
- AVID Microchip and Registration with Anesthesia _____ \$ 44.00
- () Nail Trim _____ \$ 15.00
- () Clean Ears _____ \$ 15.00
- () Senior Pet Profile _____ ASK
*Includes 25 Chemistry Blood Profile, CBC, Thyroid & Urinalysis
- () **IF MY PET IS HAVING ITS TEETH CLEANED**, I give permission to the Drs. of Animal Medical Center to remove any abscessed or painful teeth at \$10-40 per tooth.
- () Idexx Histopathology (Growth Removal) _____ \$ 195.00

INTERNAL AND EXTERNAL PARASITES

All animals entering this hospital **must** be free of any internal (hooks, rounds, whips, coccidiosis, etc) and external (fleas, ticks, ear mites, etc.) parasites or they will be treated at the owner’s expense. This includes, but is not limited to:

- o Intestinal Parasite Screen
- o Ear Mite Evaluation
- o Single doses of Advantage, Frontline and/or Capstar
- o Worming medication and/or ear mite medication of Doctor’s choice

Permission to Provide Appropriate Pain Relief

- o Pets can’t tell us when they hurt, so it can be difficult to know when they are in pain. But since the perception of pain is similar for humans and pets, we assume *any condition of injury capable of causing pain in humans is also capable of causing pain in pets.*
- o Pain is more than an unpleasant sensation. If left untreated, it can lead to suffering and harmful physical effects, and actually interfere with the healing process.
- o Our practice understands the importance of pain management and offers effective methods to meet your pet’s specific needs.
- o Administration of medication may be warranted before, during and/or after the procedure to reduce pain and discomfort for your pet and to promote a faster recovery.
- o *You can help protect your pet from unnecessary pain, by accepting our practice’s recommendation for pain relief medication.*

I hereby:

- () **ACCEPT PAIN RELIEVER**
- () **ACCEPT KLASER PAIN RELIEVING THERAPY-1 SESSION (\$29.00)**
- () **DECLINE the use of pain relief medication for _____ (Your pet’s name).**

OWNER’S SIGNATURE _____ **Date** _____