

MEDICAL AND SURGICAL CONSENT FORM
CHALET VETERINARY CLINIC

Owner's Name _____ Date _____

Pet's Name _____ Breed _____ Color _____

Age _____ Sex _____

Telephone number where you can be reached today _____

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

This hospital recommends the following safeguard measures to better serve you and your pet:

	<u>Accept</u>	<u>Decline</u>
A pre-anesthetic bloodscreen: \$33.50	<input type="checkbox"/>	<input type="checkbox"/>
Post-operative Pain Management: \$18.50-\$21.50	<input type="checkbox"/>	<input type="checkbox"/>
Pain Meds to go home are additional	<input type="checkbox"/>	<input type="checkbox"/>
Microchipping & Registration: \$47	<input type="checkbox"/>	<input type="checkbox"/>
Nail Trim: Complimentary	<input type="checkbox"/>	<input type="checkbox"/>
Update vaccinations/Heartworm check:	<input type="checkbox"/>	<input type="checkbox"/>

In an effort to maintain a flea-free hospital, if fleas are found on my pet upon admittance to CVC, I agree to treatment with an appropriate oral or topical flea treatment to prevent spread of those parasites to other hospitalized patients. I understand I will be charged for this treatment.

I agree that fluid therapy may be used for my pet if needed during surgery or post-operatively as determined by the doctor. Additional charges will be applied for this.

I have been advised as to the nature of the procedure or operations described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or operations. I understand that unforeseen conditions may extend the procedure or surgery and if this happens, CVC staff will make every effort to contact me to discuss further options. I realize results cannot be guaranteed. I agree to assume financial responsibility and provide payment at the time that services are rendered.

I understand a written estimate for these services will be made available upon my request.

Owner/Authorized Agent _____