



**CONSENT FORM**

Owner: \_\_\_\_\_

Animal: \_\_\_\_\_

Microchip # \_\_\_\_\_

I request Douds Veterinary Hospital to admit my pet to have the following performed:

_____	_____
_____	_____
_____	_____

I understand that there are risks associated with surgery, anesthesia, and other procedures, and that the veterinarians will do their best to minimize these risks. If my animal's condition changes such that additional treatment is needed, the veterinarian will try to contact me. If they cannot reach me, I authorize them to perform such treatment as they deem necessary.

I will pay for all treatments when I pick up my pet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone numbers where I can be reached during my pet's hospitalization:

\_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE BELOW \*\*\*\*\*

Would the owner like us to call them after their pet's procedure is done to give them an update?

Yes \_\_\_ No \_\_\_ If yes, at what number? \_\_\_\_\_ (Called at \_\_\_\_\_ by \_\_\_\_\_)

Or the owner may call us after \_\_\_\_\_ (time) for an update.

Pick up arrangements:

\_\_\_ Owner may pick up their pet \_\_\_\_\_ (time & day) or

\_\_\_ We will call the owner at \_\_\_\_\_ (number) when their pet is ready to go home.

(Called at \_\_\_\_\_ by \_\_\_\_\_)

Staff member's initials \_\_\_\_\_

**For Spays Only:**

We offer a small (1/2 inch) permanent mark (tattoo) next to the spay incision site. This is a universal sign that your pet has been spayed so that if lost, another party won't attempt a needless procedure. There is no charge for this service.

- I accept the tattoo.
- I decline the tattoo.

**Pre-Anesthetic Profile**

Like anything else, anesthesia in pets carries with it some risk. While that risk may be minimal in a young healthy animal, a thorough physical exam still does not enable our doctors to assess how well your pet's liver and kidneys are working, if your pet is mildly dehydrated, or potentially suffering from a disease such as diabetes. By performing this **pre-anesthetic profile**, we can better assess those systems, make better judgments as to which anesthetic drugs are safest for your pet, and further minimize the risks associated with anesthesia. If the animal is over 7 years of age, we require this test and may strongly suggest a test that is more comprehensive for older pets.

The cost of the Pre-Anesthetic Profile is \$\_\_\_\_\_.

- Please complete the pre-anesthetic profile you recommended prior to anesthetizing my pet. If abnormalities are found, please contact me before proceeding.
- I have elected to refuse the recommended pre-anesthetic blood work and request that you proceed with anesthesia. I understand there are always potential risks when using anesthesia on an animal.

**IV Catheterization and Fluid Therapy**

This helps to support blood pressure and the body's overall bloodflow to important organs such as the heart, brain, and kidneys. IVs also provide faster emergency access to administer drugs or fluids should a complication arise during your pet's procedure. Most pets will benefit from IV fluids, and it is required for some advanced surgeries.

- Please provide an IV catheter and fluid therapy for my pet. For routine procedures the cost is \$\_\_\_\_\_.
- I decline IV fluids at this time and understand the risks.

**Heartworm Disease** is a disease that affects dogs and an increasing number of cats. An undetected heartworm infestation could drastically complicate anesthesia on your pet. We require that dogs over the age of 7 months undergo testing prior to anesthesia if they have not been tested within the past 12 months. We recommend that all dogs be on heartworm prevention year-round and be tested yearly.

- Please perform a heartworm test on my pet prior to anesthesia. The cost is \$\_\_\_\_\_.
- I decline this test at this time and understand the risks. (Not recommended.)
- My pet is on preventive medication and has been tested within the last 12 months.

**Feline Leukemia Virus** and **Feline Immunodeficiency Virus** are viruses in cats that cause immunosuppression. If a cat is positive for one of these diseases, anesthesia may be an increased risk. We highly recommend testing animals prior to anesthesia if we do not already know their disease status.

- Please perform a FeLV/FIV test on my cat prior to anesthesia. The cost is \$\_\_\_\_\_.
- I decline this test at this time and understand the risks.
- My pet has already been tested and is receiving FeLV vaccines routinely.

**Pain Relief**

**Laser Therapy**

- Please perform a laser treatment after the surgery to decrease pain and speed healing. The cost is \$\_\_\_\_\_.

Medication \_\_\_\_\_ Cost \_\_\_\_\_

- I accept the above recommendations for pain relief for my pet.
- I decline pain relief medication for my pet at this time.

**Elizabethan collar (E-collar)**

An e-collar can help prevent your pet from reaching their incision and potentially causing damage.

- I would like to have an e-collar for my pet. The cost is \$\_\_\_\_\_.
- I decline an e-collar at this time.

**I have read the above information and made informed choices as noted by check marks on the appropriate lines under each category.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_