

HILLSIDE VETERINARY HOSPITAL
 191 Augustine Avenue Charles Town, WV 25414
 (304) 728-2203

Surgery Consent Form

Client Name: _____ Pet Name: _____ Date: _____
 Species: _____ Breed: _____ Sex: _____ Color: _____ Birth Date: _____
 Address: _____ Telephone: _____ Email: _____

Surgery/Procedure Being Requested: _____

Female pets: Please note there is an additional fee if your pet is pregnant or in heat. If your pet is pregnant, how do you want us to proceed? Spay (terminate pregnancy) Stop the procedure

Dental Procedure (Our standard Dental Procedure includes: Teeth cleaning and polishing, full-mouth Dental x-rays, IV catheter and IV fluids.) Extractions are not included in the standard Dental price, and will be an added cost if the Veterinarian deems them necessary.

Do You Authorize a Pre-Operative Blood Screen: We strongly recommend doing a routine blood screen prior to your pet receiving anesthesia today. The administration of anesthesia can sometimes affect organ function, especially the liver/kidneys. This important blood screen helps us determine if there are any additional precautions we may need to take prior to your pet's procedure. ***This pre-operative blood screen will add an additional \$48***

Yes, I authorize this blood screen **No, I decline the recommended test**

Please indicate if/which vaccinations/tests, or services, you would like us to perform today:

****Please Note: WV state law requires a current Rabies vaccination on all pets.****

Dogs	Cats	Additional Services
<input type="checkbox"/> Rabies \$25 <input type="checkbox"/> DHPP \$20-26 <input type="checkbox"/> Lyme \$38 <input type="checkbox"/> Bordetella \$24 <input type="checkbox"/> Canine Influenza \$52 <input type="checkbox"/> Leptospirosis \$25 <input type="checkbox"/> Heartworm/Lyme/Ehr/Ana snap test \$45	<input type="checkbox"/> Rabies vacc \$25 <input type="checkbox"/> 4in1/FVRCP vacc \$20-\$26 <input type="checkbox"/> Leukemia vacc \$30 <input type="checkbox"/> Leukemia/FIV test \$50	<input type="checkbox"/> Anal Sac Expression \$18 <input type="checkbox"/> Nail Trim \$15 <input type="checkbox"/> Microchip \$39 Other: _____

AUTHORIZATION: I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet if it stays overnight (pets needing special care may be referred to a 24 hour hospital).

Best number to reach you **today**: _____ May we text? Yes No
 Owner/agent Name (print): _____ Signature: _____ Date: _____
 Any meds your pet is on? _____ Last dose: _____