

Hospitalization/Surgery/Anesthesia Consent

Cooper Veterinary Hospital, Inc.

Client Name: _____ Patient Name: _____ Date: _____

Last Meal: _____ am/pm

Last Water: _____ am/pm

Procedure (s) _____

For the safety of your pet and others, **your pet will receive any necessary vaccinations** and **flea products** at current clinic prices. To prevent hospital flea infestations, a (24 hour) Capstar tablet will be give to any patient with signs of fleas.

Please indicate if your pet has shown signs of aggression in the past (circle): YES or NO

I authorize Cooper Veterinary Hospital to perform such diagnostic, therapeutic, and surgical procedures as are in their professional 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 accept all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the Doctor/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 only when the Doctor and/or staff are present and the fee due for 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 you (the Hospital) will attempt to estimate the cost of the treatment.

I certify that I understand this release, and furthermore assume full responsibility of all charges including those deemed necessary for unforeseen circumstances or complications.

Procedures requiring anesthesia are always associated with a certain amount of risk. To better ensure your pet's safety during anesthesia, the pre-anesthetic profile will help determine if your pet is at risk for complications while under anesthesia.

Microchip (Home Again) Recommended for all pets – (\$55)

ACCEPT or DECLINE

Pre-anesthetic Panel Profile: Recommended for all pets – Dogs & Cats – (\$60)

ACCEPT or DECLINE

Pre-anesthetic FELV/FIV Test: Recommended for all Cats – (\$40)

ACCEPT or DECLINE

Post-operative pain medication – (\$20)

ACCEPT or DECLINE

I understand that by declining pre-anesthetic blood-work, Cooper Veterinary Hospital cannot be held responsible for any complications that may arise that may have been detected by these tests.

**An additional charge will be added for patient's that are in heat, pregnant or cryptorchid.
This includes any shelter vouchers or PAWS assist vouchers.**

PHONE CALL Information: Signed _____ Date _____

Home PH:	Work PH:
Cell PH:	Other:
Emergency Contact:	What Relation:
Email:	