

Hospitalization/Surgery/Anesthesia Consent

Cooper Veterinary Hospital, Inc.

Last Meal: _____ a.m./p.m. Last Water: ____ ____ a.m./p.m.

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 infestation, a Capstar tablet will be given to any patient with signs of fleas.

I authorize Cooper Veterinary Hospital to perform such diagnostic, therapeutic, and surgical procedures as are in their 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, nor warranty, can ethically or professionally be made regarding the results or cure. I also authorize, the Doctor and his 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 when the Doctor or his associates are present and the fee due for its 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 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: Recommended for all pets - **(\$55)**

ACCEPT or DECLINE

Pre-anesthetic Panel Profile: Recommended for **all pets – Dogs & Cats (\$57.00)**

ACCEPT or DECLINE

Pre-anesthetic FELV/FIV Test: Recommended for **all Cats (\$40.00)**

ACCEPT or DECLINE

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

POST-OPERATIVE PAIN MEDICATION (\$15.00)

An additional charge will be added for patients that are in heat or pregnant.

Signed _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Emergency Contact: _____

What Relation? _____

Home Phone: _____

Cell Phone: _____