

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 agree to comply with the policies of this hospital. I understand the procedure, surgery, or treatment plan is:

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

	<u>Accept</u>	<u>Decline</u>
A pre-anesthetic bloodscreen: (\$44.00)	_____	_____
Post-operative Pain Management:(\$20-28)	_____	_____
Add'l pain meds to go home *:	_____	_____
Microchipping & Registration:(\$52.00)	_____	_____
Nail Trim: Complimentary	_____	_____
Update vaccinations/Heartworm check/Felv/FIV test:	_____	_____

*Additional pain meds will be dispensed only if the doctor feels it is necessary. Cost varies depending on the patients size and needs.

In an effort to maintain a flea-free hospital, if fleas are found on my pet upon admittance, 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. _____

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 _____