

Leach Animal Hospital
Hospitalization/Surgery Consent Form

•**VACCINATIONS**

As a way of protecting all our patients, we require all of the following vaccinations to be current

DOGS- Rabies, DHLPP-CV

CATS- Rabies, FVRCP

My pet has been vaccinated for all of the above diseases within the last year. _____

My pet is not current. Please vaccinate as needed. _____ Needed Vaccines _____

•**SURGERY/ANESTHESIA**

We recommend a pre-operative blood screen to identify existing internal problems that are not evident on physical examination, prior to anesthesia. A blood test will be performed prior to surgery. This test is optional for animals younger than 7 years.

The cost for this test is \$68.00.

Authorize Pre-operative blood screen.....Yes _____ No _____

•**PAIN MANAGEMENT**

As your pet is recovering from his/her surgical procedure we offer post-operative pain control for a more comfortable recovery following surgery.

Authorize post-operative pain control administration.....Yes _____ No _____

•**MICROCHIP** [\$48.00 + \$17.99 activation fee]

A microchip helps ensure your pets safety. At your will, a microchip may be implanted under the skin and used to identify and return your pet if he/she becomes lost. A microchip may also prevent the theft of your pet. The implantation of the microchip is sometimes uncomfortable for the pet as the needle used to implant the chip is very large. If you are interested in having your pet micro-chipped, we can implant the chip today while your pet is anesthetized to eliminate the stress and pain of the implantation.

Authorize implantation of a (Home Again) Microchip.....Yes _____ No _____

•**CONSENT**

I certify that I am the owner/custodian of the above animal and I do hereby consent and authorize the veterinarians of Leach Animal Hospital and its staff to hospitalize my pet and to perform any procedures and/or treatments deemed necessary for the health and safety of my pet described above, however, the doctors and staff will not be liable in any manner for the care, treatment or safe keeping of my pet. I understand that there are risks involved with any surgical procedure including risks associated with the use of anesthesia and do hereby release Leach Animal Hospital and the staff from any and all liability while my pet is under their supervision.

I understand that I am responsible for all the costs associated with the care, treatment or boarding of my pet and that full payment for any services must be made when my pet is discharged. I further understand that abandonment of my pet does not release me from any financial obligations to Leach Animal Hospital. If my pet is abandoned a written notice will be sent to me. I understand that after 5 days of a written notice, my pet will be considered abandoned and that Leach Animal Hospital will dispose of my pet in any manner they deem necessary.

I understand that my pet _____ (male/female)
is being admitted for the following procedure(s):

I HAVE READ AND UNDERSTAND THE "CONSENT" AND AGREE.

OWNER/CUSTODIAN

SIGNATURE _____ Date _____

EMERGENCY PHONE NUMBERS (1) _____ (2) _____

Is your pet currently on any medications NO__ YES__ (list) _____

Has your pet had anything to eat today NO__ YES__