

Client Consent Form for Fain & Smathers Veterinary Hospital

Date: _____
Name: _____ Patient: _____
Species: _____ Breed: _____ Sex: _____ Spayed/Neutered? _____
Phone number you can be reached at today: _____
Procedures to be performed: _____

Please read carefully and sign.

I, the undersigned owner or agent of the pet identified above, authorize the veterinarian(s) and staff at Fain & Smathers Veterinary Hospital to perform the above procedure(s). I understand that some risks always exist and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and most serious complications
- The length and type of follow-up care required
- An estimate of the fees for all services provided

We highly recommend a blood profile before anesthesia and surgery to ensure that your pet is in a low-risk category. The latest technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run were you to undergo anesthesia. Before performing surgery or any other procedure/hospitalization, your pet must be up to date on vaccinations (minimum of rabies and distemper/parvo) and free of any external or internal parasites. We also highly recommend testing for heartworms. If your pet is not current on the above, additional charges may be incurred to have these completed and cleared by our hospital.

Please initial below indicating the tests/procedures you wish to have performed on your pet. These prices are in addition to the surgery/treatment costs. Please ask the surgery tech for prices on the following items. Again, they are separate costs!!!

Profile #1 (patients under 8 years of age)	_____	Initial
Profile #2 (patients over 8 years of age)	_____	Initial
Sevoflurane (high risk, older patients)	_____	Initial
Additional Pain Medication	_____	Initial
ECG, Pulse Oximetry, Blood Pressure	_____	Initial
NONE OF THE ABOVE	_____	Initial

My pet is up to date on vaccinations, heartworm test and preventative, and intestinal parasite check by Dr. _____ on _____ (date)

Estimate (estimate price may vary): Amount \$ _____ Initial _____
Deposit on hospitalized patient: Amount \$ _____ Initial _____

While I acknowledge that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for all services performed and will provide payment via cash, check or credit card. I have read fully and understand the terms and conditions set forth above.

Signature of owner or authorized agent _____ Date _____