

# Limerick Veterinary Hospital Diagnostic/Surgical Consent Form

OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED TODAY \_\_\_\_\_

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_

*“Our hospital policy is that we treat your pet as if it were our own”*

Has this pet received any food or water since 9:00 pm last night? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please inform the receptionist.

Is this pet currently on any medications? No \_\_\_\_\_ If Yes, please list \_\_\_\_\_

Has this pet ever bitten, scratched, or shown aggression toward anyone in any situation?

No \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

Does your pet prefer (please circle)...            DRY                            CANNED    ...food?

What brand of food do you feed your pet? \_\_\_\_\_ How much? \_\_\_\_\_

**I understand the procedure I am consenting to is... (please circle)**

**DECLAW 2 FEET FRONT                            DECLAW 2 FEET REAR                            DECLAW ALL 4 FEET**

*(DECLAWS performed with LASER)*

**OVARIOHYSTERECTOMY (SPAY)            CASTRATION (NEUTER)                            HERNIA REPAIR**

**MASS/WART/CYST REMOVAL Qty. \_\_\_\_\_ location \_\_\_\_\_**

**ULTRASOUND (ABDOMINAL)    ULTRASOUND (CARDIAC)    BLOOD TEST    RADIOGRAPH**

**OTHER \_\_\_\_\_**

I understand the explanation you have given to me of the nature and purpose of the treatment, the risks involved, and the possibility of complications. I acknowledge that no guarantee has been made to me as a result of this procedure.

**PAYMENT IN FULL AT THE TIME OF DISCHARGE IS EXPECTED**

If any pet is not claimed within several days after the time specified for discharge and if the doctor is not notified in writing of an alternate date within the seven day period, the pet will be considered abandoned and become the property of Limerick Veterinary Hospital. LVH will decide what is in the best interest of the pet and its future. Abandonment of any pet does not relieve the owner/responsible party from any bill that may have been incurred for services/procedures performed on the pet after admittance to the point of abandonment. Should it be necessary to assign this account to a licensed collection agency or attorney, the owner/responsible party agrees to pay all subsequent collection and/or legal fees.

**I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and operate upon my pet.**

\_\_\_\_\_  
Owner/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
LVH Rep.

**PRE-SURGICAL OPTIONS  
ANESTHETIC BLOODWORK/LASER USE  
(Not required for diagnostic testing)**

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. General anesthesia has become safer with the advent of newer drugs and better patient monitoring. However, some conditions may not be evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise the following pre-anesthetic tests be performed, even for elective procedures such as spays, de-claws and neuters.

If your pet is under seven years of age and has no outward physical problems, we suggest a mini-chemistry profile which looks at their kidney and liver function, electrolytes, protein and glucose levels, and their red blood cell count. The cost of this test is \$91.50. If your pet is 7 years and older then a Total Health Screen is strongly recommended. The cost for this test is \$155.50.

Another option to consider during the surgery is the use of our carbon dioxide laser. The use of the laser cauterizes the blood vessels and nerve endings that will reduce the amount of pain, swelling and blood loss during surgery and may give the pet greater comfort during recovery. The use of laser for any primary procedure will cost \$88.25. Any additional procedures will cost an additional \$44.00 for laser use.

Microchips are the size of a grain of rice, they have a unique number that represents your pet and will last for its lifetime. The chip can be scanned with a universal device that is used around the world and can be tracked back to the location where the pet received the chip. Pets that are chipped are reunited with their families more quickly than non-chipped pets. Dogs in Pennsylvania, that are micro-chipped, are now eligible to receive a permanent license through their county office. With a small one-time fee, paid to the county, your dog will be licensed for its entire life. The additional cost of a Micro-chipping your pet today is \$64.00.

*PLEASE CHECK ONE FOR EACH OPTION:*

**PRE-ANESTHETIC BLOODWORK**

\_\_\_\_\_ YES, I would like pre-anesthetic blood work performed on my pet.

\_\_\_\_\_ NO, I decline to have pre-anesthetic blood work performed on my pet.

\_\_\_\_\_ If your pet has already had pre-anesthetic blood work, please disregard.

**LASER USE**

\_\_\_\_\_ YES, I would like the laser used for my pet's procedure.

\_\_\_\_\_ NO, I do not want the laser used for this procedure.

\_\_\_\_\_ If the procedure your pet is receiving will not require the Laser, please disregard.

**MICROCHIPPING OPTION**

\_\_\_\_\_ YES, Please have my pet chipped during his/her procedure.

\_\_\_\_\_ NO, I decline to have my pet chipped at this time.

\_\_\_\_\_  
Signature of Owner or responsible party

\_\_\_\_\_  
Date