

Consent for Treatment

Please read and fill out the entire form. Thank You.

Columbia Veterinary Hospital
576 31st St Astoria, OR 97103
(503) 325-2250



Date: _____ Patient Name _____
Client Name (first & last) _____ Patient Age _____
Patient Sex _____ Patient Color _____ Patient Breed: _____
Patient Species _____ Client ID # _____ Client Phone Number _____
Alternate Phone _____ Email Address _____

Procedure to be performed today (please initial all that apply):

Spay _____ Neuter _____ Dental _____ Mass Removal _____ Other _____

Location of mass(s) _____ If having a mass removal would you like to send out for histology (extra fee)

Yes _____ No _____ (Initial one) Pre-anesthesia Bloodwork (\$85.00 additional charge) Yes _____ No _____ (Initial) By initialing no I have

elected to refuse the recommended blood test at this time and authorize Columbia Veterinary Hospital to proceed with anesthesia or sedation

for my pet.) I authorize for my animal to have an IV catheter placed and fluids during today's procedure if deemed necessary by the veterinarian

(\$25-\$45 additional charge) YES _____ NO _____ If having a dental I authorize any and all extractions deemed necessary by the veterinarian.

_____ (Initial) All pets arriving for surgery or hospitalization should be current on all required vaccinations and flea/tick/wormer medications or

they will be treated at the owner's expense. _____ (Initial)

If your animal is being spayed, please be advised there could be an additional surgical risk if she is in heat or pregnant and at an additional cost to the owner. In some cases pregnancy will not be determined until the procedure has begun. If she is pregnant do you want to continue with the spay? (This will result in termination of pregnancy) Yes _____ NO _____ (Initial one)

Pain medication will be administered before/during any sedated procedure as needed to enhance the animal's comfort during and after the procedure is completed. (medication may cost an additional fee) _____ (Initial) I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age. I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated. I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication. The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome. If the patient requires overnight hospitalization and care, they will be secured in a kennel, but will not be monitored. _____ (Initial)

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Client Signature: _____ Date: _____

Best phone number to reach you at today _____

CPR In the event that your pet should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of your pet's status? By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please initial your choice: _____ I agree to CPR being performed in case of arrest _____ I elect a "Do Not Resuscitate" status in case of arrest.