

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

**Consent for Treatment.** Please read and fill out the entire form. Thank You.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (first & last): \_\_\_\_\_

Patient age: \_\_\_\_\_ Patient sex: \_\_\_\_\_ Patient Color: \_\_\_\_\_ Patient breed: \_\_\_\_\_ Patient

Species: \_\_\_\_\_

Client phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Client Vehicle: \_\_\_\_\_

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

Spay: \_\_\_\_\_ Neuter: \_\_\_\_\_ Dental: \_\_\_\_\_ Mass Removal: \_\_\_\_\_ Other: \_\_\_\_\_

If having a mass removal would you like to send out for **histology** (\$275.00 Additional Fee)

YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial one) Location of mass(s): \_\_\_\_\_

**\*Pre-anesthesia bloodwork, \$140 additional charge.** 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.) YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial)

**\*If having a dental I authorize any & all extractions deemed necessary by the veterinarian.**  
\_\_\_\_\_ (Initial)

I authorize for my animal to have an **IV catheter** placed and fluids during todays procedure if deemed necessary by the veterinarian (**\$35-55 additional charge**) YES \_\_\_\_\_ NO \_\_\_\_\_

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, which will **terminate** the **pregnancy?** YES \_\_\_\_\_ NO \_\_\_\_\_ (Initial one)

In the event that your pet should experience **cardiac/respiratory arrest 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 discretion of the veterinarian.

(Initial One) Yes, Perform CPR \_\_\_\_\_ Do Not Resuscitate \_\_\_\_\_

I am the owner or the authorized agent for the owner 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 have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Client  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_