



Crater Road Veterinary Hospital

Surgery/Hospitalization Consent Form

Crater Road Veterinary Hospital
464 South Crater Road
Petersburg, Virginia 23803
Office: 804-733-8202
Fax: 804-733-6522

Owner's Name: _____

Pet's Name: _____ Account Number: _____

Medical History: Please provide answers to the following questions

Did your pet eat this morning? _____

Has your pet ever had a seizure? _____

Has your pet had any reactions to any medications? _____

Is your pet currently taking any medications? (Including preventatives and supplements)

If so, please list: _____

Has your pet had any reactions to any vaccines? _____

Has your pet had any reactions to anesthetics? _____

Staff Use Only: Medical Record

Dog: Vaccine Status:

Bordetella: _____ DHPP: _____ RV: _____

Current Heartworm Test: _____

Current Fecal: _____

Cat: Vaccine Status:

FVRCP: _____ FELUEK: _____ RV: _____

Feline Leukemia/Feline Immunodeficiency

Virus Test: _____

Fecal: _____

Procedure(s): Please circle one or more of the following

- Vaccinations (**Note: Rabies Vaccine is NOT optional unless medically contra-indicated**)
- Hospitalization (including: IV fluids, medications, and other treatments)
- Sedation/Anesthesia
- X-Rays
- Surgery: _____
- OTHER: _____

As with all proper physical examinations and procedures involving anesthesia, certain symptoms, problems, and ages may indicate some diagnostic and therapeutic options as necessary. These procedures will only be performed if deemed necessary by the veterinarian to aid in diagnosis or treatment. **Please note pre-anesthetic diagnostics are strongly recommended for animals of all ages, however, both pre-anesthetic blood work and an IV catheter with IV fluids are CRITICAL AND REQUIRED for geriatric animals over 6-7 years of age.** Also note pain management during all surgical procedures is **REQUIRED**. Pain medication will be dispensed at doctor discretion.

Additional procedures listed below can be done at your convenience for an additional fee:

- | | | | |
|--|-----|----|----------------------------------|
| • Ear Cleaning | YES | NO | |
| • Anal Gland Expression | YES | NO | Pre-anesthetic Blood Work |
| • Nail Trim | YES | NO | |
| • Microchip (Permanent Identification) | YES | NO | IV Catheter/Fluids |

OPTIONAL	REQUIRED
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CONSENT AND RELEASE

- I understand that during the performance of the foregoing procedures, unforeseen conditions may be revealed that necessitates extension of the foregoing procedures or different procedures than those set forth above. Therefore, I hereby consent and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgment. **INITIAL:** _____
- I will be available by phone to be kept informed. I also authorize the use of appropriate anesthetics, and other medications and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian. **INITIAL:** _____
- I have been advised as to the nature of the procedures and risks involved. I realize that results cannot be guaranteed. **INITIAL:** _____

I am also aware that if my animal has any fleas, ticks, worms, or any other parasites he/she will be treated at my expense. This is to ensure the safety of all patients of Crater Road Veterinary Hospital. **INITIAL:** _____

DO YOU REQUIRE AN ESTIMATE FOR SERVICES RENDERED? YES NO

I have read and understand this authorization and consent. I am also aware that I am responsible for FULL payment when my animal is released from the care of Crater Road Veterinary Hospital.

Signed (Owner/Agent): _____

Date: _____

Contact Numbers: _____