

{CLINICNAME}
{CLINICADDRESS1}
{CLINICADDRESS2}
{CLINICCITY} , {CLINICSTATE} {CLINICPOSTALCODE} {CLINICPHONE}
Treatment/Anesthesia/Surgery Consent Form {CURRENTDATE[SHORT]}

Client ID:	{ID}	Patient ID:	{PATIENTID}
Client Name:	{FULLNAME}	Name:	{NAME}
Address:	{ADDRESS1} {ADDRESS2}	Species:	{SPECIES}
	{CITY} , {STATE} {POSTALCODE}	Breed:	{BREED}
Telephone:	{PHONENUMBER}	Sex:	{SEX}
		Color:	{COLOR}
		Markings:	{MARKINGS}
Weight:	{CURRENTWEIGHT}	Birth Date:	{BIRTHDATE[SHORT]}

Has your pet eaten today? Yes No

Has your pet ever had a seizure: Yes No

Are you aware of any allergies your pet has? Yes No

Is your pet microchipped? If not, would you like to have your pet microchipped today? Yes No

*****If your pet requires an injection post-op or pre-op for nausea (vomiting, drooling, etc) do we have permission (prices vary)?** Yes No

To recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take. We highly recommend a blood profile for geriatric animals (animals older than 7 years).

There is an additional charge for these blood tests. We hope you understand the need for these important tests. Please choose from the choices below:

Accept Decline: Blood Profile # 1(Animals from puppy to 5 years of age): CBC, ALT, ALKP, GLU, BUN, CREA, TP, LYTES +Blood collection fee included

Accept Decline: Blood Profile #2(Animals from 5-7 years of age): CBC, ALT, ALKP, GLU, BUN, CREA, TP, Calcium, LYTES, +/- Urine Protein: Creatinine ratio. +Blood collection fee included

Accept Decline: Blood Profile #3Animals 8 years +, or if a more complete panel is desired at any age): CBC, ALT, ALKP, GLU, BUN, CREA, TP, ALB, Calcium, PHOS, TBIL, CHOL, AMYL, LYTES, +/- Urine Protein: Creatinine Ratio. + Blood collection fee included

Has **Does Not Have** Should unexpected life-saving emergency care (CPR or other) be required, the hospital staff will provide such treatment and I agree to pay for such services. Estimated cost starts at ~\$100.00 and cost will increase with more complex treatment.

I, the undersigned owner or agent of the patient identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Kreature Komforts Animal Hospital to perform the above procedures(s). I understand that some risks always exist with anesthesia and/or surgery 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 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 serious complications
- *The length and type of follow-up care and home care restrictions required
- *The estimate of the fees for all services, and agreement to pay for all services rendered.

*Pet's hospitalized overnight/weekends will not have 24-hour direct supervision during non-business hours. Clients have the option of transferring their pet to Animal Emergency Center or Blue Pearl Specialty and Emergency Center for direct supervised care during these hours and transferring back during the next open business day for continued care. If an illness or emergency occurs during unstaffed hours, Kreature Komforts cannot assume liability for unforeseen circumstances. While I accept 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 given regarding the result that may be achieved. I understand that this is a hospital where sick patients are treated, and if an unlikely illness develops, during or after my patient's services Kreature Komforts cannot assume liability. **I agree to assume financial responsibility for all fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. I can ask for an estimate of costs for today's visit, and one will be provided. Balances remaining on account must be prearranged and are subject to finance and billing charges. If balance is turned over to a collection service an additional 40% will be added to the current total. I have read and fully understand the terms and conditions set forth above.**

Signature {CLIENTSIGNATURE}