



Companion Veterinary Hospital, P.S.

Paula Sommerville, DVM

5710 Ruddell Road SE, Suite 2 • Lacey, WA 98503 • (360) 455-8090 Phone • (360) 456-6296 Fax

Client Consent Form

Owner's Name _____ Pet's Name _____

As the owner or agent for the owner of the animal described above, I hereby give my consent for Companion Veterinary Hospital, P.S. to perform the following procedure(s) and/or treatment(s).

INDICATE DESIRED PROCEDURE(S) HERE: _____

NOTE: Depending upon your pet's age, health and other risk factors, the doctor may require an intravenous catheter and fluids, pre-operative blood work, antibiotic administration, or injectable/take-home pain medication in order to make the scheduled procedure and recovery as safe and comfortable as possible for your pet. *Companion Veterinary Hospital strives to provide an accurate estimate for each patient procedure and our goal is to provide one to you before the procedure. PLEASE CONFIRM THAT YOU HAVE A DETAILED ESTIMATE BEFORE YOU LEAVE YOUR PET WITH US.*

Would you like us to provide a microchip ID for your pet during the procedure today?

A microchip is a safe, permanent identification device administered like a vaccine. Only one in ten lost pets is found. Microchipping dramatically increases the likelihood of a pet's return home. Administering a microchip under anesthesia is painless for your pet. **Would you like a microchip?** (Additional cost = \$72.95 – includes registration in national database.)

Yes No

NOTE: While your pet is under anesthesia, he or she will receive a nail trim free of charge (a \$19.99 value).

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may arise necessitating a variance in the procedure(s) set forth above. I consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. The nature and risks of the procedure(s) I am electing to do have been explained to me and I realize that results are not guaranteed. I am aware that in the case the veterinarian determines my pet needs additional after-hours veterinary care, I will be responsible for transferring him/her to an after-hours hospital. I am also aware that unforeseen events, including death, resulting from the procedure(s) will not relieve me from any obligation for all reasonable costs incurred regarding my pet's treatment.

I understand that all pets admitted must be current on their vaccinations and free of external parasites, and that if my pet is found to have fleas he/she will be treated with parasite control (\$20-40 depending on pet's weight).

REQUIRED: Phone number(s) where Owner/Agent may be reached TODAY in case of emergency or significant changes to estimated costs or procedures:

TODAY'S PHONE NUMBER _____

Occasionally we send a text message updating a pet's status. If necessary may we text the number above?

Yes No (please text this number instead _____)

Signature of Owner/Agent

Date