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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. 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 = \$75.95 – includes registration in national database.)

Yes No

Spay tattoo authorization: do you authorize the technician to mark your pet's surgical incision with a small permanent ink tattoo to indicate that your pet has been spayed?

Yes No

Medications: What medications is your pet currently on _____.

When was the last dose of medications given _____.

NOTE: While your pet is under anesthesia, they will receive a nail trim free of charge.

May we use your pet's picture on social media? Yes No

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.

Do Not Resuscitate (DNR): I do NOT authorize emergency treatment if the situation arises (including cardio pulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed.

DNR No, Please use life saving treatments up to \$500.

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 (\$30-80 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