

V.E.T. CARE HOSPITAL & PET RESORT

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Dr. Carlos N. Gibbs

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INFORMED CONSENT

(FOR TREATMENT, SURGERY, AND FEES)

NAME _____ DATE _____
PHONE NUMBER (FOR EMERGENCY CONTACT) _____
PET'S NAME _____ BREED _____
AGE _____ SEX _____ WEIGHT _____ COLOR _____

I, BEING RESPONSIBLE FOR THE ABOVE ANIMAL, HAVE THE AUTHORITY TO GRANT YOU MY CONSENT TO RECEIVE, PRESCRIBE FOR, TREAT AND/OR OPERATE UPON _____ (PET). I UNDERSTAND THAT THE SURGERY OR TREATMENT CONTEMPLATED IS: _____

I UNDERSTAND THAT BEFORE ANESTHESIA OR SURGERY, IT IS SOUND MEDICAL PROCEDURE TO PERFORM A COMPLETE BLOOD COUNT/CHEMISTRY ON THE ANIMAL FOR THE PURPOSE OF DISCOVERING SUB CLINICAL INFECTION, INFLAMMATORY PROCESSES, ANEMIA, OR BLOOD CLOTTING DISORDERS. THEREFORE, ANY PATIENT THAT IS TO UNDERGO ANESTHESIA WILL HAVE PRE-ANESTHETIC BLOODWORK COMPLETED UNLESS COMPARABLE BLOODWORK CAN BE VERIFIED WITHIN THE LAST 90 DAYS.

IN ORDER TO MINIMIZE PAIN AND DISCOMFORT THAT MAY ARISE AFTER A PROCEDURE, THE SURGEON IN CHARGE WILL PRESCRIBE APPROPRIATE PAIN MEDICATION.

YOU ARE TO USE ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE OR DEMISE OF THE ANIMAL BUT YOU WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER WHAT SO EVER, UNDER ANY CIRCUMSTANCES ON ACCOUNT OF THE CARE TREATMENT, KEEPING OR OTHERWISE IN CONNECTION THEREWITH OF THE ANIMAL DESCRIBED ABOVE. I THOROUGHLY UNDERSTAND THAT I ASSUME ALL RISKS.

****ALL PETS HOUSED AT THIS FACILITY FOR ELECTIVE PROCEDURES MUST BE CURRENT ON ALL VACCINATIONS. FOR DOGS THIS INCLUDES RABIES, DISTEMPER, PARVO, AND CORONA WITHIN THE LAST 12 MONTHS, AND BORDETELLA WITHIN THE LAST SIX MONTHS. FOR CATS, THIS INCLUDES RABIES, FVRCP, AND FELINE LEUKEMIA WITHIN THE LAST 12 MONTHS. FOR FERRETS, THIS INCLUDES FERRET RABIES, AND DISTEMPER WITHIN THE LAST 12 MONTHS.**

I ALSO UNDERSTAND THAT UNFORESEEN CIRCUMSTANCES MAY MAKE IT ADVISABLE THAT OTHER SURGERY OR TREATMENT BE DONE AND I AUTHORIZE SUCH OTHER SURGERY OR TREATMENT WHEN AND IF IT IS DEEMED ADVISABLE.

I CONSENT TO THE ADMINISTRATION OF SUCH ANESTHESIA AS MAY BE DEEMED PROPER BY THE DOCTOR.

I ACKNOWLEDGE THAT NO ASSURANCE OR GUARANTEE HAS BEEN MADE OF THE RESULTS OF SURGERY OR TREATMENT AND THAT RISKS AND POSSIBILITIES OF COMPLICATIONS EXIST IN ANY SURGICAL OR MEDICAL TREATMENT.

ALL CHARGES INCLUDING BOARDING COSTS SHALL BE PAID UPON ADMISSION TO HOSPITAL AND/OR PET RESORT. I AGREE TO PAY ANY ADDITIONAL CHARGES ON THE DAY THAT MY PET IS PICKED UP AND UNDERSTAND THAT MY PET MAY NOT LEAVE THE PREMISES UNTIL ALL CHARGES ARE PAID IN FULL. I UNDERSTAND THAT ANY ANIMAL LEFT FOR TEN DAYS BEYOND THE AGREED DATE OF PICK UP MAY BE SOLD OR DISPOSED OF AT THE DISCRETION OF THE HOSPITAL OWNER.

(SIGNATURE OF OWNER OR OWNER'S AGENT)