

TREATMENT & SURGERY CONSENT FORM



JET CITY ANIMAL CLINIC
822 12th Avenue
Seattle, WA 98122
P 206.329.0253 – F 206.329.0239
www.jetcityanimalclinic.com

{CURRENTDATE[SHORT]}

Client ID: {ID}

Client Name: {FULLNAME}

Address:

{ADDRESS1}

{ADDRESS2}

{CITY}, {STATE} {POSTALCODE}

Telephone: {PHONENUMBER}

Patient ID: {PATIENTID}

Name: {NAME}

Species: {SPECIES}

Breed: {BREED}

Sex: {SEX}

Color: {COLOR}

Markings: {MARKINGS}

Age: {AGE}

Birth Date: {BIRTHDATE[SHORT]}

PATIENT'S WEIGHT TODAY: _____

PLEASE READ/SIGN regarding today's Surgical Procedure(s): _____

For the safety of your pet, Jet City Animal Clinic requires pre-operative blood work for all patients and FELV/FIV testing for felines. This helps determine whether there are any hidden health problems that may interfere with the anesthesia. Additionally, our procedures include post surgical pain management and an Elizabethan collar for animals that might tend to chew sutures, as we are not responsible for cost of repair should this occur.

We aim to keep our practice free of parasites to the best of our ability. Any patient found to have fleas while in our facility will automatically be given CAPSTAR to work within 30 minutes, killing adult fleas. Clients will be billed for this treatment.

TO THE BEST OF YOUR KNOWLEDGE IS YOUR PET HEALTHY? Yes No

Any concerns? Yes No If yes, please explain: _____

Any allergies to medications? Yes No If yes, please list: _____

Is your pet currently taking any medications? Yes No If yes, list and when last received: _____

Pain management Package (injection / oral medication) Yes No E-Collar if needed: Yes No

I agree that I have been explained the importance of the Pre-Op Bloodwork _____ (please initial)

Perform Pre-Operative Bloodwork Yes No

I agree that I have been explained the importance of the FELV/FIV Testing _____ (please initial)

FELV/FIV Bloodwork Yes No

I hereby authorize performance of the above surgical procedure(s) and have been advised of the risks involved, including death. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed.

I understand an attempt will be made to reach me by telephone for permission prior to any additional procedures or services, unless an emergency situation with my pet prevents it. In case of emergency, I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment to treat and maintain my pet's health. If I cannot be reached, additional *non-emergency* procedures will not be performed unless I have given prior permission.

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of treatment. If payment arrangements are needed, I understand that they must be agreed upon prior to admitting my pet.

SIGNED: _____ Today's contact number: _____

(OWNER OR AGENT OF OWNER)

Date: _____