

Treatment Consent and Surgical Release Form

Please Read Carefully and Sign Where Indicated

I certify that I own the above animal. I do hereby consent and authorize Hartland Animal Hospital and its staff to hospitalize my pet and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the doctors deem necessary for the health, safety, or well-being of the above animal while it is under our care and supervision.

Like you, our greatest concern is the well-being of your pet. Before anesthetizing your animal, we will perform a full physical examination. However, we strongly recommend a pre-anesthetic blood profile be performed in order that we may maximize patient safety and alert the doctor to the presence of a disease that could complicate the procedure.

Elect Pre-Anesthetic Blood Profile

- Please complete the blood work you recommended prior to surgery on my pet. If abnormalities are found, please contact me at this phone number.

Signature of Owner _____ Phone Number _____

Decline Pre-Anesthetic Blood Profile

- I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I assume full financial responsibility for this/these animal(s). I understand there are always potential risks when using anesthesia or performing surgery on an animal.

Signature of Owner _____

If you would like for your pet to receive post-surgical pain medication:

Initial here _____

If you would like for your pet to receive an IV catheter and IV fluids during surgery:

Initial here _____

If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill or die while in the hospital, I will hold the Hartland Animal Hospital, PSC and staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for the below procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the address provided, you may assume that the pet is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of non-payment, a finance charge of 2% per month (24% per annum) will be charged and that any collection fees or attorney fees will be paid by me.

Treatment or Procedure

Signature of Owner

Date