

TREEHOUSE ANIMAL CLINIC SURGERY CONSENT FORM

Owner's Name: _____

Date Printed: _____

Pet's Name: _____

Sex: _____

Procedure(s): _____

CONSENT: I authorize Treehouse Animal Clinic's (also referred to as "TAC") veterinary staff to perform the above-mentioned medical procedure(s) and/or treatment(s) on my pet. I acknowledge and understand that unknown and unanticipated risks and complications always exist with animals going under anesthesia and/or surgery, which could result in injury to my pet, including the possibility of death. I indicate with my signature, my consent to the above procedure(s) and that all questions have been answered to my full satisfaction and that I understand any risk associated with my pet's procedure(s).

Signature _____

PRE-OPERATIVE CARE: I certify that my pet has not eaten any food and drank decreased liquids since midnight last night. If there is a possibility that my pet had more than the recommended amount of water or eaten anything past midnight, it is requested by TAC's veterinary staff to reschedule the procedure due to an increased risk of complications that can arise from a pet's aspiration while under sedation, anesthesia, or while recovering from anesthesia.

Signature _____

EMERGENCY OR ADDITIONAL TREATMENT: I understand and have been advised that, during the performance of the above-mentioned procedure(s), unforeseen conditions and circumstances might arise or might be revealed that necessitate (1) an extension of the above procedure(s) and/or (2) different procedure(s) being required in addition to the above-mentioned medical procedure(s). In case of emergency or additional treatment, I understand that TAC will make every attempt to contact me by phone. However, depending on the circumstance, in the event that they are unable to contact me prior to rendering emergency treatment on my pet, the following decisions have been made by me regarding the rendering of emergency and/or resuscitative care and treatment to my pet:

TAC's staff has _____ or does not have _____ (*initial applicable phrase*) my permission to provide any emergency treatment and/or treatment and care as the attending veterinarian or technician deems necessary.

_____ I agree to pay for all related fees associated to such emergency care and/or treatment **OR**

_____ I agree to pay no more than \$_____ related to such treatment and care.

(*Initial the approved choice and cross out the inapplicable phrase*)

Please do NOT resuscitate/further treat my pet _____

(*Signature*)

PRE-OPERATIVE TESTING: Certain tests may be required by the veterinarian prior to surgery, depending upon your pet's prior medical history, age, or current medical condition. (*Please initial one*)

_____ Yes. Please perform the pre-operative bloodwork and other tests as recommended by the veterinarian at an additional cost.

_____ No. I decline pre-operative bloodwork and accept all risks related to my pet's future health/treatment.

PAYMENT DUE AT TIME OF SERVICE: We accept Visa, Mastercard, Discover, Debit, Cash or Check only. We do not accept American Express, Care Credit or Payment Plans.

I understand this policy _____

(*signature*)