



Foothills Veterinary Hospital

707 Bridger Drive, Suite E, Bozeman, MT 59715 406-556-0604

Client/Owner: _____

Pet Name: _____

Consent Form

I am the owner or the authorized agent for the owner of the animal named above and I have the authority to execute this consent.

I hereby give the licensed Veterinarian(s) of Foothills Veterinary Hospital and any authorized agents, staff, or representative consent and authority to perform the following procedures or operations:

Spay/Neuter Dental Declaw Other _____

The nature of these operations or procedures has been explained to me and I understand what will be done. I understand that my pet will have a shaved area on his/her leg where an IV catheter was placed.

I understand that there are certain risks and complications associated with any procedure that requires anesthesia. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I understand that my pet will be given a thorough physical examination prior to the anesthetic/surgical procedure. In addition, Foothills Veterinary Hospital recommends pre-anesthetic blood work (required for animals 8 years old and older). This blood work, together with the physical examination, provides a more complete assessment of the patient's health and may reveal conditions undetected by an examination alone.

I have indicated my choice for performing the blood work screen as marked in the box below:

- Yes, I want my pet to have pre-anesthetic bloodwork
- No, I do not want pre-anesthetic blood work performed.

For your pet's safety, all hospitalized pets are required to have a CPR preference on file. Please select one of the following options:

- In the event that my pet declines and has cardiac or respiratory arrest, I authorize Foothills Veterinary Hospital to initiate critical care which may include CPR (Cardio Pulmonary Resuscitation), IV fluids, additional blood work, and x-rays. An estimated cost is \$400.
- In the event that my pet declines and has cardiac or respiratory arrest, I **do not** authorize Foothills Veterinary Hospital to initiate critical care. I understand that without these services my pet may not survive.

I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure to assure that my pet is pain free while at the hospital. I understand that an additional charge of \$25-\$50 may be applied at the Doctor's discretion to best manage my pet's pain.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signature _____ Date _____

TELEPHONE number where you can be reached **AT ALL TIMES TODAY** _____