

Chartiers Animal Hospital
1747 Railroad Avenue
Heidelberg, PA 15106
412-279-7300
Anesthesia/Dental/Surgery Consent Form

Client ID: _____ - Patient ID: _____ -
Client Name: _____
Name: _____
Address: _____
Telephone: _____
Procedure: _____
Species: _____
Sex: _____
Breed: _____
Color: _____
Markings: _____
Birth Date: _____

As a legal owner, or person responsible for the animal named above, I consent to the procedure(s) the doctor deems necessary. I authorize the use of anesthetics on the above described animal, in order to perform the procedures/treatments listed above. I also am aware of the risks of anesthesia. By signing this consent form, I do not hold Chartiers Animal Hospital, doctors, or staff responsible for any liabilities arising from standard performance of any procedure(s) in the absence of malice.

- _____ I confirm that my pet has not eaten after 9:00 PM the night before surgery.
- _____ If given an estimate prior to today's procedure, I understand that that price is subject to change and additional charge(s) may be applied to the final cost for dental extractions, oral medications, or additional time charges.
- _____ I am aware that all expenses incurred must be paid at discharge this evening.
- _____ I understand that Chartiers Animal Hospital is not a 24 hour Animal Hospital, and my pet may not be monitored for a period of time.
- _____ I prefer to be phoned prior to additional procedures. However, if I cannot be reached, I authorize unforeseen, **non-emergency** procedures.

OR

_____ If I cannot be reached, I do NOT authorize unforeseen, **non-emergency** procedures.

- List any medications or supplements your pet is currently taking--- including flea treatment and heartworm prevention in the last 30 days:

- If a growth removal is being performed today and you were quoted for a Histopathology, would you like the growth sent out to the lab for testing? If you were not quoted for one, please ask the receptionist or technician for price!
Yes No
- **MICROCHIPS SAVE LIVES!!!!** This is a permanent identification that your pet can never lose, alter, or damage. You may also apply for a permanent Pennsylvania dog license if your pet has a microchip. Would you like a microchip implanted today?
Yes No

(Signature of legal owner or responsible person) Date: _____

At what phone number can you be reached today? _____