

Treatment Release Form

Procedures(s): _____ Patient/Client Name _____

I the undersigned owner, agent of owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am 18 years of age or older. I consent to the examination of this pet by staff veterinarians at Loving Hands Animal Clinic (LHAC). I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform treatment on my pet.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours. Patients that require 24-hour care will be referred to an emergency clinic or referral institution.

Anesthesia

In order to recognize any underlying abnormalities your pet may have, we recommend a pre-surgical blood profile run on your pet. This consists of a CBC (complete blood count) and a chemistry panel, which will check blood glucose, kidney and liver values and electrolytes. Anesthetic drugs are cleared by the kidneys and liver. This will determine if there are any additional precautions we need to take before anesthesia.

BLOODWORK IS RECOMMENDED FOR ALL PETS, REGARDLESS OF AGE

_____ For patients under 7 years of age, pre-anesthetic bloodwork may be optional. These tests include a CBC, Chemistry (6 panel) and electrolytes

_____ For patients 7 years of age and older, pre-anesthetic bloodwork is **MANDATORY**. These tests include a CBC, Chemistry (12 panel) and electrolytes

_____ I wish to **DECLINE** pre-anesthetic bloodwork today.

Pain management is **NOT** optional at LHAC. Effective and compassionate pain prevention and control have a direct effect on your pet's stability during the procedure and recovery thereafter. At LHAC, every patient is pre-medicated with analgesic drugs to prevent pain prior to surgery, during and immediately following surgery and on an appropriate schedule thereafter based on the individual patient's needs and the level of discomfort associated with the procedure.

_____ (initial) I understand that during the performance of the foregoing procedure(s), unseen conditions may be revealed that necessitate an extension of the care of the pet. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

CPR_____ DNR_____ (initial) In the event of respiratory or cardiac arrest, I hereby consent to and authorize the performance of life-saving procedures as deemed necessary and desirable in the exercise of the veterinarian's professional judgment. I understand that any procedure, specifically anesthesia, involves some risks and that results cannot be guaranteed.

Patient/Client Name: _____

Boarding

In case of illness or injury, I the undersigned, do hereby give my authorization and consent for the doctors of LHAC to examine, prescribe for, and treat my pet(s) while they are being boarded at the Resort. I am 18 years of age or older, and assume responsibility for all charges incurred in the care of my pet. I also understand that all professional fees are due at the time services are rendered.

I agree that my pet has been vaccinated for all required vaccinations and had a wellness examination within the last 12 months (6 months for Canine Bordetella). If I cannot show written proof of such vaccinations, then I give permission for the hospital to administer vaccinations required for boarding my pet(s). All pets must be free of fleas and ticks or they will be treated at admission at the owner's expense.

Grooming

Groom or ProBath _____

Alpha Dog Spa Package: _____

(Includes tooth brushing, breath freshener, specialty shampoo and moisturizers)

Nail Dremel: _____

Furminator: _____

(Bathing technique designed to remove undercoat and stop excess shedding)

Zoom Groom: _____

(Must be scheduled in advance)

Special Grooming Instructions:

Comments:

Phone number(s) where you can be reached while your pet is in the care of Loving Hands Animal Clinic:

I have read and understand the authorization and consent.

Signature of Owner/Agent:

_____ **Date:** _____