

Mountain View Veterinary Hospital
4620 Whitman Lane SE • Lacey, Washington 98513 • (360) 438-9623

Consent for Treatment and/or Admission

Procedure: _____ Doctor: _____ Date: _____

I, _____ authorized owner or representative responsible for seeking veterinary care for _____, certify that **I am/am not** (circle one) over **18** years of age and I consent to the exam and/or treatment by the veterinarians at this facility. I understand that all veterinary procedures, including anesthesia, come with some degree of risk and I am encouraged to discuss any concerns I may have with the attending veterinarian before the treatment is initiated. I understand that Mountain View Veterinary Hospital is not a 24 hour facility and if I desire my pet to have supervision while the facility is closed, I may elect to transfer my pet to a 24 hour facility. I also agree to pay for all accrued charges at the time that my pet is released. I accept that if I fail to pick up my pet within ten days of notification, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of financial obligations. In case of emergency, I understand that the doctors will initiate lifesaving care, if possible, at an additional charge, until I can be contacted. If you choose to forgo lifesaving care, you must write DNR and initial on the line below:

Please read the sections below and check all that apply:

Blood Testing: We recommend that all patients have blood testing prior to anesthesia so that we can identify health problems prior to undergoing anesthesia. This blood testing costs \$92.00

- I request blood testing for my pet.
- My pet has had a blood panel within the last 3 months
- I decline blood testing at this time.
- Please have the Doctor call me to discuss blood work.

The doctor recommends the following additional or more advanced labwork for your pet prior to anesthesia: _____ at a cost of \$_____. Please initial here to **accept** this recommendation _____.

Pain Control: Your pet's comfort is very important to us. While your pet is in hospital the doctor will provide pain medication as needed. Additional pain medication while your pet is in the hospital is \$26.00-\$60 per dose. Most patients will go home with pain medication as well. If you have pain medication for your pet at home please list: _____

Dental Procedures/Baby Tooth Extractions: If your pet is being admitted to the hospital for a dental cleaning. Routine cleanings start at \$312.00 (including an iv catheter and fluids) but **will be more if dental disease is present**. Some patients will require dental x-rays or extractions and these are at an additional charge. X-rays start at \$62.00 and extractions vary in cost. If your pet is having puppy teeth removed, we need to do x-rays at the time of removal. Please choose from the following:

- I agree to x-rays and extractions without being called.
- I agree to x-rays but would like to be called prior to extractions.
- I would like to be called before x-rays or extractions are done. If I am unable to be reached, the doctor will proceed with care she feels is medically prudent at an additional cost.

Post-Operative Laser Treatment (\$18.00): K-laser is a treatment to help improve healing and post-operative pain control.

- I request post-operative laser therapy if appropriate for the surgery being performed.
- I decline post-operative laser therapy.

Signature of owner/ representative

Address

1) _____
2) _____
3) _____
Contact number(s) for today