



Harleysville VETERINARY HOSPITAL

391 Main Street • Harleysville, PA 19438 • 215-256-4664

Owner's Name: _____

Patient's Name: _____

Daytime Phone #: _____

Evening Phone #: _____

CONSENT FOR TREATMENT

I authorize the veterinarians and staff of **Harleysville Veterinary Hospital** to treat, hospitalize, anesthetize, or perform surgery on my animal, as described below. I understand that anesthesia and surgery (if applicable) have inherent risks. I have been encouraged to discuss any concerns I may have with the veterinarian. I realize some animals may have unpredictable adverse reactions during anesthesia and/or recovery. I understand that animals over the age of seven years will have pre-anesthetic blood work performed. I also understand that surgical complications may incur *additional charges*. Should lifesaving emergency care be required:

(Owner's initials) _____ **Harleysville Veterinary Hospital** staff has my permission to provide emergency resuscitation and I agree to pay for such care (\$50-\$200).

(Owner's initials) _____ **Harleysville Veterinary Hospital** *does not* have my permission to provide emergency resuscitation.

I hereby authorize the performance of the following procedure(s):

If my pet is being admitted for a dental prophylaxis, I understand that sometimes during examination, teeth are found which are the cause of a current medical problem or found to be damaged in a manner which is likely to cause a medical problem or discomfort. Additionally, if my pet is found to have retained deciduous teeth, I understand that the recommendation is to have these removed.

(Owner's initials) _____ I CONSENT to the extraction of deciduous, diseased, fractured and /or mobile teeth.

(Owner's initials) _____ I DO NOT CONSENT to the extraction of such teeth.

Lump/Mass Removal: Biopsy (Owner's initials) _____ **Yes** _____ **No** _____ **Dr. to determine**

My pet is currently taking the following medication(s): _____

The last dose was given (date and time): _____

Date and time of last meal: _____

I understand that full payment for services performed is expected at time of pick up. I will render payment in the form of:

_____ **Cash** _____ **Check** _____ **Debit Card** _____ **Master Card** _____ **Visa** _____ **Discover** _____ **Care Credit**

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent. I agree to indemnify and hold Harleysville Veterinary Hospital harmless from and against all liability arising out of the performance of any of the procedures referred to above.

Signature

Date