

**Brentwood Animal Hospital**

Consent for Treatment/Surgery

**Client Information**

Name:	Cell Phone #:
Home Phone #:	Emergency Contact:
Work Phone #:	Emergency Phone #:

**Pet Information**

Name:	Breed:
Age:	Sex:
Color:	Intact <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>

**Procedure to be Performed:**

Spay <input type="checkbox"/>	Neuter <input type="checkbox"/>	Declaw <input type="checkbox"/>	Dental <input type="checkbox"/>	Tumor Removal <input type="checkbox"/>
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**OTHER** \_\_\_\_\_

**Pre-Anesthetic Blood Work**

Because there is always the possibility a physical exam alone will not identify all your pet’s health problems, we offer the option of an age appropriate pre-anesthetic profile on all pets prior to anesthesia. This profile is STRONGLY recommended for pets over the age of 8. The blood work includes a CBC \$47.84, Electrolytes Blood Test \$23.50, & Pre-surgical/General Health Screening \$42.97. For felines ONLY: Feline Leukemia/FIV Combo Test \$48.23

Dogs over 8yrs - \$114.31    Dogs under 8yrs - \$47.84    Cats over 8yrs - \$114.31    Cats under 8yrs - \$47.84

**ACCEPT**     **DECLINE**

**Does your pet have any history of seizures? YES**     **NO**

**ALL PETS MUST BE CURRENT ON ALL VACCINES, NO EXCEPTIONS. IF PROOF OF CURRENT VACCINATIONS CANNOT BE PROVIDED, YOUR PET WILL BE VACCINATED AT YOUR EXPENSE. IF EVIDENCE OF PARASITES OR FLEAS IS PRESENT ON YOUR PET, TREATMENT WILL BE PERFORMED AT YOUR EXPENSE TO HELP RID YOUR PET OF FLEAS AND PARASITES. INITIAL \_\_\_\_\_**

**Vaccines Mandatory (Canine):** DHLPP  FECAL  BORD  RABIES

**Extras:** HWT  COUNTY LIC  CLINIC TAG

**Vaccines Mandatory (Feline):** FVRCP  PROFENDER  RABIES

**Extras:** COUNTY LIC  CLINIC TAG  COMBO TEST  FELEUK VACCINE

**ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES**

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in the hospital care and handling of the pet. I hereby authorize Brentwood Animal Hospital to receive, prescribe for, or treat/perform surgery upon the pet(s) listed above. I agree to pay all fees for all services rendered at the time my pet is discharged from the hospital or the service is terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court cost in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where Brentwood Animal Hospital is located. I understand that veterinary services are not provided during nighttime hours unless deemed necessary by Dr. Todd Burnett. Continuous presence of qualified personnel may not be provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date