

**Lynchburg Veterinary Hospital  
Diagnostic/Surgical Consent Form**

OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED TODAY \_\_\_\_\_

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_

*"Our hospital policy is that we treat your pet as if it were our own"*

Has this pet received any food or water since 9:00 pm last night? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please inform the receptionist.

Is this pet currently on any medications? No \_\_\_\_\_ If Yes, please list \_\_\_\_\_

Has this pet ever bitten, scratched, or shown aggression toward anyone in any situation?

No \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

Does your pet prefer (please circle)... DRY CANNED ...food?

**I understand the procedure(s) I am consenting to is...**

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**Enter your cell phone number here if you would like a text informing you that your pet's procedure has been completed. Please note that we can not receive replies to our texts.**

\_\_\_\_\_ **Provider (AT&T, Verizon, etc.)** \_\_\_\_\_

I understand the explanation you have given to me of the nature and purpose of the treatment, the risks involved, and the possibility of complications. I acknowledge that no guarantee has been made to me as a result of this procedure.

**PAYMENT IN FULL AT THE TIME OF DISCHARGE IS EXPECTED.**

If any pet is not claimed within several days after the time specified for discharge and if the doctor is not notified in writing of an alternate date within the seven day period, the pet will be considered abandoned and become the property of Lynchburg Veterinary Hospital. LVH will decide what is in the best interest of the pet and its future. Abandonment of any pet does not relieve the owner/responsible party from any bill that may have been incurred for services/procedures/hospitalization/boarding performed on the pet after admittance to the point of abandonment. Should it be necessary to assign this account to a licensed collection agency or attorney, or take this matter to court, the owner/responsible party agrees to pay all subsequent collection and/or legal fees.

**I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and operate upon my pet.**

\_\_\_\_\_  
**Owner/Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**LVH Rep.**

**Please turn page over for additional services**

**PRE-SURGICAL OPTIONS  
ANESTHETIC BLOODWORK/LASER USE  
(Not required for diagnostic testing)**

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. General anesthesia has become safer with the advent of newer drugs and better patient monitoring. However, some conditions may not be evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise the following pre-anesthetic tests be performed, even for elective procedures such as spays, dentals and neuters.

If your pet is under seven years of age and has no outward physical problems, we suggest a Pre-op Chemistry Blood Profile which looks at their kidney and liver function, electrolytes, protein and glucose levels. The cost of this test is \$41.00. We can also run a CBC (Complete Blood Count) to assess red and white blood cells and check for anemia and signs of infection. The cost of this test is \$34.50. You can choose for us to run a Pre-op Chemistry and CBC at the discounted price of \$65.00. If your pet is 7 years and older then a Total Health Screen is strongly recommended. The cost for this test is \$99. This test can detect early kidney and liver disease, among other problems common to senior pets. IV Fluid administration is always recommended. If you would like your pet sent home on post-op pain medication, the cost is \$10-\$15 depending on the animal and the appropriate pain medicine.

Another option to consider after the surgery is the use of our therapy laser. The use of the laser stimulates rapid healing of the incision and should reduce the amount of pain and swelling and may give the pet greater comfort during recovery. The use of the therapy laser for this procedure will cost \$15. Subsequent therapy laser sessions at day 2 and day 7 post-op are \$25 each.

Microchips are the size of a grain of rice, they have a unique number that represents your pet and will last for its lifetime. The chip can be scanned with a universal device that is used around the world and can be tracked back to the location where the pet receives the chip. Pets that are chipped are reunited with their families more quickly than nonchipped pets. The additional cost of a Micro-chipping your pet today is \$40.

*PLEASE CHECK ONE FOR EACH OPTION:*

**PRE-ANESTHETIC BLOODWORK (CHECK ONLY ONE)**

- ☐ YES, I would like a Pre-op Chemistry Panel work performed on my pet for \$41.00
- ☐ YES I would like a CBC performed on my pet for \$34.50.
- ☐ YES I would like a Pre-op Chemistry and CBC on my pet for \$65.00.
- ☐ YES I would like a Total Health Screen (full Chemistry) and CBC on my pet for \$99.00.
- ☐ YES I would like intravenous fluids administered to my pet during surgery. I understand an intravenous catheter will be placed in the cephalic vein of the forearm and hair will be shaved on the arm. \$37.50
- ☐ NO, I decline to have pre-anesthetic blood work performed on my pet.
- ☐ If your pet has already had pre-anesthetic blood work, please disregard.

**LASER USE**

- ☐ YES, I would like the laser used after my pet's procedure for \$15. I understand I can elect to come in at Day 1 and Day 7 post-op for more therapy at \$25 per treatment session.
- ☐ NO, I do not want the laser used for this procedure.
- ☐ If the procedure your pet is receiving will not require the Laser, please disregard.

**MICROCHIPPING OPTION**

- ☐ YES, Please have my pet chipped during his/her procedure (\$40).
- ☐ NO, I decline to have my pet chipped at this time.

**PAIN MEDICATION**

- ☐ YES, Please send my pet home with pain medication (usually \$11-\$15).
- ☐ NO, I decline pain medication to go home.

\_\_\_\_\_  
Signature of Owner or Responsible Party

\_\_\_\_\_  
Date