



STANDARD CONSENT FORM

**1946 Central Avenue
Albany, New York 12205
518-456-1613
www.colonicanimalhospital.com
info@colonicanimalhospital.com**

Date _____

Owner: _____
Address: _____
City, ST, Zip: _____
Phone: _____
Name of Animal: _____
Species: _____
Breed: _____
Sex/Color: _____

Telephone Number(s) where you can be reached *today*: _____

I am the owner or agent for the above animal, am 18 years of age or older, and have the authority to execute this consent document.

I hereby consent to the following procedures and/or operations: _____

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I also understand that during the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure or an additional procedure to be performed. I authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment.

I understand if I cannot show that my animal is current on required vaccinations, this service will be provided upon hospitalization and added to the cost of the procedure. I also understand if my animal shows signs of fleas, it will be treated and the cost will be added to that of the above listed procedures.

I assume financial responsibility for all services rendered. Payment is due at the time of discharge of my pet by cash, check, or credit card unless other arrangements have been made with the manager or owner.

I have read and understand this authorization and consent.

Signature

Date

MICROCHIP IDENTIFICATION OPTION

Owner: _____
Name of Animal: _____

We offer the AKC Companion Animal Recovery System, a safe, effective way to permanently identify your pet without the use of collars, tags, or tattoos. A small microchip will be placed just under the skin by an injection, similar to a vaccination that contains an unalterable code, which can be read by a scanner. All of the local animal shelters as well as most of the animal control officers in the area have scanners to identify "chipped" pets.

- YES, I would like my pet to have a microchip.
- NO, I would not like my pet to have a microchip at this time.

Fee = \$48.00 for the implant. This includes Registration in the AKC Companion Animal Recovery Database.

Signature Date

PRE-ANESTHETIC SCREENING

Your pet is scheduled for anesthesia and/or surgery. Fortunately, advances in anesthesia have made routine procedures relatively safe, with low rates of complications. However, occasional problems can occur due to pre-existing conditions not evident during routine histories and physical examinations. To minimize problems, we recommend that your pet be screened prior to anesthesia by means of diagnostic blood tests. Animals older than seven years should have a "senior profile" consisting of a complete blood chemistry, electrolytes, CBC, and urinalysis. Other tests may also be recommended depending on the individual. This should be discussed with the doctor.

- YES, I want my pet to have a **pre-anesthetic limited profile. (\$86.00)**
- YES, I want my pet to have a **senior profile. (\$180.00)**
- NO, I do not want pre-anesthetic blood tests to be performed on my pet.

IF DECLINED for animals under the age of 7: I, the owner or owner's agent, of the pet named <animal>, hereby decline such pre-anesthetic safety evaluation and agree to hold Colonie Animal Hospital, Inc. harmless, in the absence of negligence, in the event of untold anesthetic complications that might have been detected had these tests been performed.
Animals over the age of 7: Blood work is required. You may choose one of the above options.

Signature of Owner or Agent Date

ELIZABETHAN (BUSTER) COLLAR

We recommend and encourage all pets to wear a buster collar after surgery, both in the hospital and at home, for a set time to prevent licking and irritating the incision site.

- Yes, I want my pet to have a buster collar
- No, I do not want my pet to have a buster collar

****If your pet is scheduled for a lumpectomy, please indicate below if you would like a sample for biopsy for definitive diagnosis****

- YES, I would like a sample sent for **histopathology (\$160.00)**
- NO, I do not wish to have a sample sent

Signature of Owner or Agent Date

We now provide post-surgical laser therapy on all surgery patients to aid in your pets' recovery. This is included in the cost of your pets' surgery.