

CATOCTIN VETERINARY CLINIC
LEESBURG, VIRGINIA

I. AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I authorize and direct the Veterinarian(s) of the CATOCTIN VETERINARY CLINIC such diagnostic and treatment procedures as deemed advisable or necessary for my pet.

The nature of the procedure(s) has (have) been explained to me and NO GUARANTEE has been made as to the results of the cure. I fully understand that there may be risk to such procedures.

II. PREOPERATIVE SCREENING

Preoperative screens are helpful to detect anemia, kidney, and liver dysfunction. Having preoperative blood work performed on your pet greatly reduces the chance of anesthesia risk to the patient. The surgery staff at Catoctin Veterinary Clinic preform pre-operative blood work no matter the age of your pet. Blood work is required by all DVMs at the clinic as a standard of care.

Internal use only – Date of last bloodwork in patient record: _____

III. LASER SURGERY

Choosing laser surgery means that our Aesculight vet scalpel laser will be used instead of a scalpel blade. A laser beam will cut and cauterize the incision. Laser surgery provides many benefits to the patient such as: minimized bleeding, decrease swelling and discomfort, and reduce time under anesthesia. The Aesculight laser makes surgery time shorter, simpler, and more effective.

YES, I want my pet to have LASER Surgery at an additional cost of \$125.00.

IV. MICROCHIP

Microchipping is the process of inserting a chip in-between the pet's shoulder blades with a large gauge needled syringe. We recommended microchipping when your pet is under anesthesia since it is such a large needle to insert under the skin. We use the company HomeAgain (www.homeagain.com). We register you for the first year with your email address provided below. HomeAgain stores your pets ID code in their worldwide database. The microchip will easily be found by a vet or shelter once they scan your pet. A microchip is not a GPS but critical for returning lost pets to their pet parents. Any professional or rescue operation with a scanner can contact you if you pet is lost.

YES, while under anesthesia please inject Microchip for \$99.00.

E-Mail Address: _____

V. PAYMENT FOR SERVICES

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this amount.

ADDITIONAL PROCEDURES: (Please list any additional procedures you are requesting while your pet is with us Example: Nail trim, Check left ear, Aspirate mass on knee, etc.)

IMPORTANT NOTES FOR YOUR VETERINARIAN: (Please list any pertinent information your veterinarian may need to know prior or during surgery)

Was the patient fed this morning? (Circle one) Y / N

What are the patient's current medications, and did they receive any this morning?

SIGNATURE OF PET OWNER OR RESPONSIBLE AGENT:

_____ **DATE:** _____

PRIMARY PHONE NUMBER TODAY: _____

ALTERNATE NUMBER: _____