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.

VI. CONSENT/DECLINE DIRECTIVE FOR CARDIOPULMONARY RESUSCITATION AND RELEASE OF LEGAL LIABILITY:

GENERAL INFORMATION ON CPR

Should, based on the medical judgment of a Catoctin Veterinary Clinic Veterinarian, my pet require cardiopulmonary resuscitation (CPR), or other heroic interventions, I request or decline that the doctor(s) at Catoctin Veterinary Clinic pursue such medical care as indicated below.

I have been informed by Catoctin Veterinary Clinic that less than 10% of animals that require CPR will survive to be discharged from the hospital. I understand that despite the best efforts of the veterinarians and staff at the Catoctin Veterinary Clinic, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain their normal mental and physical health and, thus, may leave them as an invalid.

RELEASE OF LEGAL LIABILITY

Regardless if whether I consent or decline to have CPR performed on my pet, in consideration for following my directive, I hereby waive, release and discharge any and all claims for damages, including, but not limited to claims for death, injury or property damage, whether or not resulting from the negligence, gross negligence, misconduct or other acts of Catoctin Veterinary Clinic, its veterinarians and staff, that I may have individually or on behalf of my pet, or that may subsequently accrue, as a result of honoring this directive, and I declare that any such veterinarian, staff and Catoctin Veterinary Clinic is acting in accordance with my directions. This is intended to be an advance release of legal liability, even if negligence or other misconduct occurs. Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability

DIRECTIVE OPTIONS: Select A or B:

A. _____ REQUEST FOR CPR.

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of $150.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

I agree that if Catoctin Veterinary Clinic staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgement, a veterinarian determines that there appears to be virtually no hope for medical success, the further CPR procedures will cease.

I have read the above information, and I agree to the above terms, and request cardiopulmonary resuscitation (CPR) be performed on my pet.

Signature _____ **Date** _____

Best contact phone number _____

OR

    B. _____ **DECLINE CPR**

DO NOT RESUSCITATE MY PET. I have read the above information, and I agree to the above terms, and request that **NO CPR** be performed on my pet.

Signature _____ **Date** _____

_____

_____

_____

_____

(Check one) Yes _____ / No _____

_____

_____

SIGNATURE OF PET OWNER OR RESPONSIBLE AGENT:

_____ **DATE:** _____

PRIMARY PHONE NUMBER TODAY: _____

ALTERNATE NUMBER: _____