

Mahoning Valley Animal Hospital  
2967 Blakeslee Blvd Dr W  
Andreas, PA 18211  
570-386-3088  
mvah@ptd.net

## Consent for Treatment

Document generation date:

Patient Name:

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome. I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Client Signature:

Client Printed First/Last Name:

Best phone number to reach you at today:

\*\*\*\*\* IN THE EVENT THAT THE PERFORMING DOCTOR CANNOT REACH ME DURING THE TIME OF MY PET'S PROCEDURE, I HEREBY UNDERSTAND THAT THE PERFORMING DOCTOR HAS THE AUTHORIZATION TO MAKE DECISIONS ON MY BEHALF AS THEY PERTAIN TO MY PET AND MY PET'S QUALITY OF LIFE AND WELL BEING. I ALSO UNDERSTAND THAT IN THESE INSTANCES, ANY ADDITIONAL FEES THAT ARE INCURRED ARE MY RESPONSIBILITY. \*\*\*\*\*

Client Signature:

CPR

In the event that %patientname% should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of your pet's status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please **initial** your choice below.

I agree to CPR being performed in case of arrest

I elect a "**Do Not Resuscitate**" status in case of arrest

\*\*\*\*PLEASE NOTE\*\*\*\* IF FLEAS ARE FOUND ON YOUR PET AT THE TIME OF ADMISSION OR AT THE TIME OF SURGERY, YOUR PET WILL BE TREATED FOR FLEAS AND THE COST OF TREATMENT WILL BE YOUR RESPONSIBILITY.  
(PLEASE INITIAL)

Today's Procedure:

Was Food and Water Withheld? (Please Circle)      YES      NO

Was required blood work performed, waived, or needed today?

Additional Comments/Requests: (Please note the locations of lumps and growths for removal. Would you like them biopsied?)

Are there any refills needed for your pet? If yes, please list specifically what is needed and how many you would like.

Are there any refills needed for any of your other pets at home? If yes, please list specifically what is needed and how many you would like.