



**PINECREST VETERINARY CLINIC
SURGERY, TREATMENT, AND HOSPITALIZATION
INFORMATION AND CONSENT FORM FOR DOGS**

Dr. Kapoor&Dr. Hinkle
1264 Milligan Highway
Johnson City, TN 37601
423.926.6091

DAY KENNEL/GENERAL OBSERVATION

Laser Surgery

Our facility is equipped with a laser instrument for surgical procedures. This technology allows for less bleeding, less pain, and faster recovery. There is a \$65.00 fee for this recommended premium service.

I ACCEPT DECLINE the optional use of laser technology for my pet's surgery.

Home Again Microchip

A microchip system is the most effective tool for identifying lost pets and returning them to their registered owners. This small chip is inserted under the skin over the shoulder blade area and can be read by a scanner.

I ACCEPT DECLINE this service for my dog.

Nail Trim while under anesthesia
Yes _____ No _____ (\$3.50)

Canine Heartworm Disease

Indoor and outdoor dogs are at risk for exposure to biting mosquitoes which carry heartworm disease. This is a life-threatening disease. All canines over six months should be tested annually.

I ACCEPT DECLINE this test for my dog

- This test also screens for other illnesses carried by ticks.
- There are monthly products which can be administered orally or topically for prevention of this disease.

All pets admitted for surgical care receive injectable pain medication.
We encourage continued treatment with oral pain medication at home.

ACCEPT DECLINE



Pre-Anesthesia Blood Work/Health Screens/Chronic Medication Usage

- ❖ *General anesthesia carries an inherent potential risk at time of surgery. It may also affect organ systems even with an apparently uneventful procedure or recovery. Screening for abnormalities reduces risk and makes anesthesia as safe as possible.*
- ❖ *Routine blood chemistry screening is an important tool in preventative care (even when not considering anesthesia). It can detect early changes in body systems before a pet shows signs of illness clinically.*
- ❖ *Pets needing long-term medication are managed best with health screening tests to monitor any side effects on internal organs.*

Pre-surgical blood work is strongly recommended on all pets. It is required for pets over 5 years old.

My pet is less than 5 years old. **I ACCEPT DECLINE** blood chemistry tests.
My pet is over 5 years old. I understand blood chemistry tests will be performed. Surgery plans may be delayed or modified if it is determined this is in the best interest of my pet based on these laboratory results.

If my pet has fleas, I understand the staff may administer a topical or oral product to reduce the hazards of flea infestation to my pet as well as other pets and people in the clinic. I will be responsible for the cost. _____ **Initial**

HOSPITAL DEPOSIT

A deposit of 50% of the estimated fees is required at the time of hospitalization for medical cases.
BALANCE IS DUE WHEN YOUR PET IS RELEASED FROM THE HOSPITAL
Bill will be paid by: cash check credit card (Visa/MC/Novus/Amex) debit card care credit

Clients are encouraged to call daily to check on hospitalized pets. Visitation is allowed, but restricted.

After discussing my pet's condition and/or surgery with the veterinarian and/or staff member to my satisfaction, it is my understanding and agreement that:

1. I do understand the nature and extent of the proposed medical/surgical treatment; desirable results of medical/surgical treatments cannot be guaranteed;
2. even though I may have been given an opinion relative to the extent of injury/disease of my pet, it may be more extensive than originally diagnosed and if so, the veterinarian(s) has my permission to do whatever is necessary in the attempt to return my pet to a state of good health; *even though an estimate of total cost may have been given, I will be responsible for additional costs incurred because of the unexpected use of extra medicine, x-rays, surgical procedures, lab work, prolonged hospitalization, or unanticipated complications of surgery;*
3. the veterinarian(s) will at all times use sound professional judgment in the surgery/treatment/diagnosis of my pet and will attempt to notify me at the given phone number(s) of any changes. If I am not available, it is understood that the veterinarian will use his/her best judgment relative to the proper course to follow.

Signed: _____ (pet owner/representative) **Date:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Staff Member Initial: _____ **Email address:** _____



**SURGERY, TREATMENT, AND HOSPITALIZATION
INFORMATION AND CONSENT FORM FOR CATS**

FeLV and FIV

We recommend all cats be tested for Feline Leukemia Virus (FeLV) and Feline Immunodeficiency Virus (FIV).

I ACCEPT DECLINE this test for my cat.

***All outdoor cats (and indoor cats with risk of exposure) should be vaccinated against FeLV.

My cat has been tested and is *negative/positive* (circle) as of the following date (mo/yr): /

Home Again Microchip

A microchip system is the most effective tool for identifying lost pets and returning them to their registered owners. This small chip is inserted under the skin over the shoulder blade area and can be read by a scanner.

I ACCEPT DECLINE this service for my cat.

Nail Trim while under anesthesia

Yes No (\$3.50)

Feline Heartworm Prevention

Although primarily a threat to canines, cats can develop heartworm disease. Current guidelines recommend using prevention for this disease. Cats do not require testing prior to preventative therapy.

I ACCEPT DECLINE this service for my cat.

There are monthly products which can be administered orally or topically for prevention.

All pets admitted for surgical care receive injectable pain medication.

We encourage continued treatment with oral pain medication at home.

ACCEPT DECLINE



Pre-Anesthesia Blood Work/Health Screens/Chronic Medication Usage

- ❖ *General anesthesia carries an inherent potential risk at time of surgery. It may also affect organ systems even with an apparently uneventful procedure or recovery. Screening for abnormalities reduces risk and makes anesthesia as safe as possible.*
- ❖ *Routine blood chemistry screening is an important tool in health care (even when not considering anesthesia). It can detect early changes in body systems before a pet shows signs of illness clinically.*
- ❖ *Pets needing long-term medication are managed best with health screening tests to monitor any side effects on internal organs.*

Pre-surgical blood work is strongly recommended on all pets. It is required for pets over 5 years old.

My pet is less than 5 years old. I ACCEPT DECLINE blood chemistry tests.

My pet is over 5 years old. I understand blood chemistry tests will be performed. Surgery plans may be delayed or modified if it is determined this is in the best interest of my pet based on these laboratory results.

If my pet has fleas, I understand the staff may administer a topical or oral product to reduce the hazards of flea infestation to my pet as well as other pets and people in the clinic. I will be responsible for the cost.

HOSPITAL DEPOSIT

A deposit of 50% of the estimated fees is required at the time of hospitalization for medical cases.
BALANCE IS DUE WHEN YOUR PET IS RELEASED FROM THE HOSPITAL

Bill will be paid by: cash check debit card
 credit card (Visa/MC/Novus/Amex) care credit

★★★ Laser Surgery ★★★

Our facility is equipped with a laser instrument for surgical procedures. This technology allows for less bleeding, less pain, and faster recovery. There is a \$65.00 fee for this recommended premium service.

I ACCEPT DECLINE the optional use of laser technology for my pet's surgery.
(THIS IS REQUIRED FOR DECLAW SURGERY.)

After discussing my pet's condition and/or surgery with the veterinarian and/or staff member to my satisfaction, it is my understanding and agreement that:

I do understand the nature and extent of the proposed medical/surgical treatment; desirable results of medical/surgical treatments cannot be guaranteed;

even though I may have been given an opinion relative to the extent of injury/disease of my pet, it may be more extensive than originally diagnosed and if so, the veterinarian(s) has my permission to do whatever is necessary in the attempt to return my pet to a state of good health; *even though an estimate of total cost may have been given, I will be responsible for additional costs incurred because of the unexpected use of extra medicine, x-rays, surgical procedures, lab work, prolonged hospitalization, or unanticipated complications of surgery;*

the veterinarian(s) will at all times use sound professional judgment in the surgery/treatment/diagnosis of my pet and will attempt to notify me at the given phone number(s) of any changes. If I am not available, it is understood that the veterinarian will use his/her best judgment relative to the proper course to follow;

Signed: _____ (pet owner/representative) Date: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Staff Member Initial: _____ Email address: _____