



809 Monastery Drive  
Latrobe, PA 15650  
(724) 537-5881

Dear client,

This is to remind you that your pet is scheduled for surgery/dental on \_\_\_\_\_.  
**Please withhold food from 6:00 pm the night before admission and withhold water after midnight.**

**Please arrive at the hospital between 8:00 am and 9:00 am with your pet.** If the patient has not been seen within the last 6 months by a doctor at Lakeview Animal Clinic, you will be required to stay until the doctor has completed an exam and you will be responsible for an office fee. The cost of this office call is \$50.00. This will help to identify any existing medical conditions that could complicate the procedure and compromise the patient's health.

If it is necessary to cancel your appointment, please give us at least 24 hours notice so that others may use your time slot.

The enclosed hospital consent form contains several sections requiring your signature. The first request gives us permission to hospitalize and treat your pet. This must be signed. The remaining requests may be optional and are offered for the benefit of our patients. We understand that these procedures increase the cost and may not always be necessary in the young, healthy pets undergoing routine surgery. If you choose to decline these requests, the procedures will not be implemented in advance of the surgery. However, if at the discretion of the surgeon the procedure becomes medically necessary for the safety of the patient, they will be implemented and efforts will be made to notify you.

While in our care, every effort will be made to insure the safety of your pet regardless of your decision about these optional procedures.

Please review the information carefully. If you have any questions, please feel free to call our office at (724) 537-5881.

**Please complete all pages of the enclosed consent form and bring them with you the morning of the procedure.**

Also for canine patients, please offer your pet the opportunity to urinate and defecate prior to being admitted to the hospital UNLESS otherwise instructed. (Some procedures require a full bladder.)

Sincerely,

Lakeview Animal Clinic

**LAKEVIEW ANIMAL CLINIC P.C.**

**809 MONASTERY DRIVE**

**LATROBE, PA 15650**

**724-537-5881**

---

---

Name:		Account:	
Species:		Owned by:	
Breed:		Address:	
Color:			
Birthday:	age:		
Sex:		Home #:	
Weight:		Business #:	
		Cell #:	
Allergies:			

---

---

**HOSPITALIZATION AND SURGERY CONSENT**

I am the owner [or agent] of the pet described above. I authorize and request you to hospitalize this pet for purposes of diagnosis, treatment or surgery procedures, as specified by this release, and approve the use of whatever anesthetics you deem appropriate for the well-being of the animal. I understand that all reasonable care and precautions will be taken in the performance of the procedures. I understand that with any medical procedure, there are some risks involved and I absolve you of all liability arising from the performance of procedures requested.

Procedure Requested: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MICROCHIP (Please initial your selection):** \_\_\_\_\_ Accept \_\_\_\_\_ Decline \_\_\_\_\_ Already Done

---

---

**BIOPSY/ANALYSIS OPTIONS FOR GROWTH/STONE/FLUID REMOVAL PROCEDURES**

\_\_\_\_\_ **YES** - I, the owner or agent of the pet described above, consent to elect to have a biopsy and/or stone/fluid analysis sent out for the growth/stone/fluid being removed.

\_\_\_\_\_ **NO** - I, the owner or agent of the pet described above, DO NOT consent to have a biopsy and/or stone/fluid analysis sent out for the growth/stone/fluid being removed.

\_\_\_\_\_ **DR. DISCRETION** - I, the owner or agent of the pet described above, consent to leave the biopsy and/or stone/fluid analysis up to the discretion of the doctor. If the doctor feels it is advisable to send the growth/stone/fluid for biopsy/analysis, I give my consent.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## HOSPITALIZATION AND DENTAL CONSENT

This form is intended to promote a clearer understanding of the process involved in cleaning your pet's teeth. Please be aware of the following facts:

1. A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of a general anesthetic.
2. Incidental findings. Such as tumors and abscessed tooth roots, periodontal (gum) disease, cracked teeth, or Feline Odontoclastic Resorptive Lesions (a progressive, cavity-like disease in cats) are often identified on examination under anesthesia.
3. It is frequently necessary to change our treatment plan once the pet is anesthetized.
4. Decisions about how to treat a particular problem are highly dependent on your dedication to follow up care, potential costs involved, aesthetics, and relative anesthetic risk.
5. Certain specialized procedures (i.e. crowns and root canals) are not provided at our facility, but are available through veterinary dental and oral surgery specialists. We can refer you to a veterinary dental specialist for follow up care, if you so desire.
6. Certain disease processes are progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the future. (i.e. extracting a tooth that is not loose yet but shows significant pathology that will likely progress).
7. In rare instances the removal of some teeth may result in unavoidable consequences, such as jaw fractures, an inability of the pet to keep its tongue in its mouth, or potential trauma to the orbital socket or eye itself.

**In order to minimize the time that your pet spends under anesthesia, it is important that we know your desires before proceeding. This avoids delays involved with us trying to contact you to discuss your wishes or limitations.**

Please check the appropriate box(es) below:

- Please do any and all procedures you deem necessary to treat current problems, minimize any pain my pet might experience in the future from ongoing dental disease, or any other abnormalities discovered in the mouth and throat. I am aware that this may involve the extraction/removal of one or several teeth, taking biopsies, or other lab samples as indicated.
- Have the doctor proceed with only procedures and extractions there were included within the provided estimate. Please call to discuss any further costs prior to performing the procedures.
- Call me if ANY additional work, including unforeseen extractions, is needed. I understand that if I cannot be reached, no additional work will be preformed and may have to be completed at a later date, thus increasing the total cost.
- I prefer my pet be referred to a boarded Veterinary Dental Specialist and I do not authorize any extractions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

---

## DENTAL RADIOGRAPH CONSENT

Dental radiography is an important diagnostic tool to allow examination of the internal anatomy of the teeth, the roots, and the bone surrounding the roots. Dental radiographs reveal significant pathology of the root structure that cannot be witnessed with oral examination alone. Without the aid of radiography, many progressive and painful conditions may be missed and will require further care at a later time. In addition, radiographs minimize the rates of complications with extractions, including root retention and jaw fracture.

\_\_\_\_\_ **YES** - I, the owner or agent of the pet described above, give my consent for the doctor to perform full mouth radiographs on my pet while in for his/her dental procedure.

\_\_\_\_\_ **NO** - I, the owner or agent of the pet described above, DO NOT give my consent for the doctor to perform full mouth radiographs on my pet while in for his/her dental procedure.

\_\_\_\_\_ **DR. DISCRETION** - I, the owner or agent of the pet described above, consent to leave the decision of whether or not to perform dental radiographs up to the discretion of the doctor. If the doctor feels that it is advisable to perform dental radiographs, I give my consent and agree to pay \$20/view up to, but not exceeding the amount specified on my estimate for full mouth dental radiographs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**INTRAVENOUS CATHETERIZATION CONSENT/WAIVER**

In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of life saving drugs. All patients undergoing non-elective [higher risk] surgery will have a catheter in place. This is optional for all elective procedures.

(OPTIONAL)

The fee is \$32.00 for catheter placement. Please initial below.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_ Required Per Doctor \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FOR LIFE-SAVING PROCEDURES**

I understand the procedures to be performed and the risks involved. I also authorize the doctors and staff to perform any life saving procedures deemed necessary in the event of an emergency. I further understand that no guarantee of successful treatment has been made. I certify that I understand this release, and furthermore assume full financial responsibility of all charges accrued.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

**DO NOT RESUSITATE (DNR):** I would prefer that in the event that a life saving procedure is required for survival that they are not preformed to save the animal's life.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VACCINATION CONSENT**

In the event that my pet is due for recommended vaccinations, I [do, do not] give my consent for them to be administered and understand that I am responsible for the additional fees if I accept.

ACCEPT: \_\_\_\_ DECLINE: \_\_\_\_ UP-TO-DATE: \_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*NOTE\* RABIES VACCINATIONS ARE REQUIRED BY LAW. REFUSAL COULD RESULT IN OUR CLINIC DENYING CARE FOR YOUR PET.

## PRE-ANESTHETIC BLOOD WORK CONSENT/WAIVER

Because some conditions may not be evident on a physical exam alone, we strongly recommend that a pre-anesthetic profile [a combination of blood tests] be performed prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important that these organs are healthy. It is also important that patients have normal blood cell counts to promote proper tissue healing. The tests that we recommend are similar to and equally as important as those your own physician would run if one were to undergo anesthesia. As your veterinarian we are happy to have this technology available to offer you.

ANY ANESTHETIC CARRIES A SERIOUS RISK. THE MORE INFORMATION WE HAVE THE SAFER THAT RISK WILL BE.

It is important to understand that a pre-anesthetic profile does not guarantee that your pet will not have an anesthetic reaction or complication. It may, however, greatly reduce the risk of complications, as well as identify medical conditions that could require medical treatment in the future. If you have any questions regarding blood tests and anesthesia, please ask. The staff and doctors will be happy to answer them.

**SEE YOUR ESTIMATE FOR PRICES OR CALL/TEXT THE OFFICE TO GET A PRICE QUOTE**

**Profile # 1** Healthy Patients Under 5 Years of Age (OPTIONAL)

Includes Complete Blood Count [tests for anemia, infection, clotting]

BUN [kidney]	ALKP [liver]
Glucose [sugar/diabetes]	Total Protein [hydration]
ALT [liver]	Creatinine [kidney]
Electrolytes [dehydration]	SDMA

**Profile # 2** Patients Over 5 Years of Age  
(Optional but recommended for older patients)

Includes all the tests in the Profile # 1 plus:

Globulin [immune status]	ALB [protein]
Calcium	Cholesterol
Bilirubin [liver]	Phosphorus [kidney]
Amylase [pancreas]	SDMA

**Profile # 3** Geriatric Patients, includes Profile 2 and Thyroid Test

**SNAP FEVL** Leukemia and Feline Immunodeficiency

**SNAP 4DX** Heartworm / Lyme / Ehrlichia / Anaplasmosis

CHECK ALL THAT APPLY:

<input type="checkbox"/> Profile # 1	<input type="checkbox"/> SNAP FELV
<input type="checkbox"/> Profile # 2	<input type="checkbox"/> SNAP 4DX
<input type="checkbox"/> Profile # 3	

**Signed (to accept):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I fully understand that a medical condition may exist which could be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

**Signed (to decline):** \_\_\_\_\_ **Date:** \_\_\_\_\_