



Layton Veterinary Hospital SURGERY CONSENT FORM

Owner's Name: _____ Pet Name: _____ Date: _____

I authorize the staff of Layton Veterinary Hospital to perform the following procedure(s):

Please indicate what services you authorize by circling your choices from the lists of options shown

Office use: File #:

Vaccinations

State Law requires pets to have a current Rabies vaccine. If you do not have proof of Rabies and your pet bites a staff member, Davis County will require a 10 day quarantine at their shelter. Quarantine fees are the responsibility of the pet owner.

Give all due vaccinations	Rabies vaccination only	Decline vaccinations
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Surgery Procedure

Abscess	Ear Hematoma	Front Declaw (cats only)
Amputation of _____	Tumor /s located _____	
Other (write in): _____		

Preanesthetic Blood Profile

A preanesthetic blood profile can reduce your pet's risk under anesthesia. The *basic profile* detects liver, kidney and diabetic problems, while the *comprehensive profile* detects a broader range of issues. We recommend testing every animal prior to the use of anesthesia. Other specialized blood tests are also available and are listed below. Pricing upon request

Basic profile	Comprehensive profile	Decline blood profiles
Heartworm Test (DOGS ONLY)	FeLV, FIV Test (CATS ONLY)	

Microchip

A microchip serves to positively identify your pet. Unlike collars and tags, a microchip cannot be lost or stolen. Pricing upon request

Microchip	Decline microchip
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Contact Information

We will attempt to reach you after the procedure is complete, or in case of emergency. Please any phone numbers you or an authorized representative can be reached at. We will call these numbers in the order listed. If you are not available at the numbers listed, please provide a name of someone we can speak with.

1) _____ ask for: _____	3) _____ ask for: _____
2) _____ ask for: _____	4) _____ ask for: _____

Signature

By signing below, you authorize the procedures indicated above and agree that payment is due at the time of service (unless prior arrangements have been made). Past due accounts will be charged a monthly fee of 1½% or \$4.50, whichever is greater. Delinquent accounts are turned over to our collection agency and incur a fee of 40% of the balance owing, plus a reasonable attorney's fee, if required.

Signed: _____ Date: _____