Ashton Animal Clinic
1008 N First Street
Ashton, Illinois, 61006
Ph: (815) 453-2171
Fax: (815) 453-2169
Email: vetrecords@ashtonvet.com

Sedation for Procedure Consent Form

Client's First and Last Name:	Patient's Name:

I hereby authorize performance of the following surgical and medical procedures:

_____

The nature of such services have been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the treatment or outcome. I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of discharge. I understand some factors significantly increase surgical risk and may incur additional treatment charges including but not limited to pregnancy, being in estrus (heat cycle), obesity, and diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia, and heartworms.

In the event my pet has signs of fleas, it will be treated with a flea treatment at my cost during the duration of the pet's hospitalization or boarding at the clinic.

Do you agree to have pre-anesthetic bloodwork done? ($185.40-$331.66)?	**yes/no**	initial_____
If warranted, I understand the doctor will prescribe pain medicine that could cost between $25-$65.	**yes**	initial_____
Does your pet have a history of seizures/epilepsy?	**yes/no**	initial_____
Do you wish your pet to have cold therapy laser (decreases pain/inflammation and speeds healing) ($47.12)? *Ashton location ONLY*	**yes/no/NA**	initial_____
Do you want to be supplied with a cone (aka Elizabethan collar) if appropriate ($9.27)?	**yes/no**	initial_____
Any signs of diarrhea, vomiting, sneezing, coughing, ticks, fleas, or other sickness?	**yes/no**	initial_____
Is your pet in heat?	**yes/no/NA**	initial_____
If your pet is pregnant, do you wish us to continue with the spay and terminate the pregnancy?	**yes/no/NA**	initial_____
Do you want to send out mass(es) for a histopathology report (minimum $288.40-$360.50)?	**yes/no/NA**	initial_____
In the event of a cardiovascular emergency, and your pet is not responsive to routine corrective measures, do you want us to attempt resuscitation including CPR or other interventions (minimum $136.99)?	**yes/no**	initial_____

If you have answered yes to any of the questions or have any specific instructions, please write in below.

_____

All displayed costs shown are for card payments. Cash/Checks have a 3% discount.

I have read and understood the nature of the above procedures and accept the specific terms and conditions set forth herein. I

hereby agree to indemnify and hold Ashton Animal Clinic harmless for any damage caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarians and staff at Ashton Animal Clinic to perform the above procedures. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedures are initiated. By signing below, I understand this document and agree to all terms and conditions held within.

All accounts are payable at the time of service unless a prior arrangement has been made.

Best phone number to reach you at today: _____
(☐ OWNER or ☐ AGENT)

Signed:_____ Date:_____