

Surgical/Hospitalization/Boarding Consent Form

Layfield Veterinary Services

32002 Perryhawkin Road
Princess Anne, MD 21853
410-219-8276

547 Ocean Hwy
Pocomoke, MD 21851
410-957-0105

Owner's Name: _____ Date _____

Address: _____

Telephone Number: (H) _____ (W/C) _____

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Age: _____ Sex: _____ Weight: _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the treatment or surgery contemplated is:

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held responsible in any matter in connection therewith as it is thoroughly understood that I assume all risks.

All charges, including boarding cost, shall be paid upon release from hospital. If the pet is not called for in 7 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and the future welfare of the animal will be the doctor's decision. It is understood that this does not relieve me from paying all costs of your services and use of your hospital including the costs of boarding.

PRESURGICAL LABORATORY SCREENING: This blood analysis provides us with more in-depth information on the health status of your pet before surgery. These are the same blood tests routinely performed in human medicine. Presurgical blood work is highly recommended by your veterinarian and is one of the factors that help us determine if your pet is appropriate for anesthesia and surgery. Please initial the line below that you request.

_____ I request that the pre-surgical blood work be completed.

_____ I decline the pre-surgical blood work.

MICRO-CHIPPING(PERMANENT IDENTIFICATION): This is a way to identify your pet if it were to be lost or stolen. A small microchip, the size of a grain of rice, is inserted under the skin. It is a very similar technique to vaccinating your pet. If your animal is brought to a veterinary hospital, shelter, rescue group or animal control, they will be able to obtain your information through this microchip and reunite the two of you. Please initial the line below that you request.

_____ I request that my pet be micro-chipped.

_____ I decline to microchip my pet at this time.

After carefully reading the above, I have signed in agreement.

X _____
Owner's Signature