



# Fur Family Animal Hospital

530 McCall Rd. #100 • Manhattan, KS 66502  
Phone: 785-712-2332 •  
furfamilyah@gmail.com • www.furfamilyah.com

## Consent for Treatment

Date: \_\_\_\_\_ Patient: \_\_\_\_\_ Client: \_\_\_\_\_

Patient ID number: \_\_\_\_\_

I am the owner or the authorized agent for the owner of the animal named above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

To prevent the spread of infectious diseases, all hospitalized (including dropped off) patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed on the discharge invoice.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Signed \_\_\_\_\_

Best phone number to reach you at today: \_\_\_\_\_

## CPR

In the event that the patient named above should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of patient named above's status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please **initial** your choice below.

\_\_\_\_\_ I agree to CPR being performed in case of arrest

\_\_\_\_\_ I elect a "**Do Not Resuscitate**" status in case of arrest

The following are optional (\*except required vaccines) additional procedures. Please initial your choice.

Procedure	Approve	Decline
Complimentary Nail Trim	_____	_____
Basic Elizabethan collar (\$8-14)	_____	_____
Deluxe (Calmer) Elizabethan collar (\$15-29)	_____	_____
Surgical Gown (\$23-28)	_____	_____
Pre-Anesthetic Bloodwork (varies)	_____	_____
IV Catheter & Fluids (\$39)	_____	_____
Microchip (\$39.98)	_____	_____
DHLPP (dogs) or FVRCP (cats) (\$17-28)*	_____	
Rabies (\$19-24)*	_____	
Bordetella (dogs) (\$21)*	_____	
Bivalent Influenza (dogs) (\$26.85)	_____	_____
FeLV (cats) (\$27)	_____	_____
Heartworm test (dogs) (\$47.97)	_____	_____
FeLV/FIV/HW test (cats) (\$52.47)	_____	_____
Fecal (\$22)	_____	_____
Heartworm prevention (varies)	_____	_____
Flea/Tick prevention (varies)	_____	_____
Manhattan City License (varies)	_____	_____

Rabies, DHPP (dogs)/FVRCP (cats), and Bordetella (dogs) vaccinations are required to be up-to-date for hospitalization. They cannot be declined. They may not be administered at the doctor's discretion.

A Manhattan City License is required by law for all dogs and cats over 6 months of age that live in the city limits.