Rivers Veterinary Urgent Care

560 McNeilly Road
Pittsburgh, PA, 15226
412-998-9030

Pets Name:		**Address**:	
Your Name:		**Phone Number:**	

As the owner (or authorized agent of the owner) of the animal described above, I hereby give my consent to perform the following procedures:

1. _____

2. _____

Pre-Operative Diagnostics:

I understand that my pet will undergo full anesthesia. Prior to anesthesia, the doctors recommend bloodwork to evaluate organ function. This will ensure that your pet is healthy enough for anesthesia. **Bloodwork is required for all pets over 6 years old.**

____ Yes, I consent to pre-operative bloodwork ($180)

____ No, I decline the recommended bloodwork. I assume all risks associated with this decision and have discussed these risks with my veterinarian or veterinary technician.

While undergoing these procedures your pet will receive anesthetic drugs that prevent pain. Because we care about your pet's comfort and strongly believe that pain relief is important, additional pain medications will be provided, as needed, to control the level of your pet's discomfort after surgery and during its recovery.

I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent. I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I have discussed my concerns with the veterinarian and understand that it may be necessary to provide additional medical or surgical treatment to my pet in the event of unforeseen circumstances. I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. I hereby authorize the use of anesthetics and other medications, as well as any such additional treatment, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet. I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees at the time my pet is released from the hospital.

Signature:

Name:

Date: {LETTER_DATE}