



County Line Veterinary Hospital, Inc.

325 West County Line Road

Hatboro, PA, 19040

Ph: 215-675-0533

Email: staff@countylineveterinay.com

Procedure Consent Form

Client Details		Animal Details	
Name		Name	
Address		Species	
		Breed	
		Age	
Phone(s)		Sex	
		Weight	

Estimated range for services and procedures: **See estimate (+/- 15%)**

Preferred Contact Number for the day of Procedure:

I hereby authorized the performance of the following procedures/treatments/services: (200 character limit per line)

Additional Requests

Owners Initials

Surgical/Treatment Procedure Checklist

Has pet eaten after midnight last night? ☐ Yes ☐ No ***No food/water after Midnight the night prior**

Has pet had any medication recently? ☐ Yes ☐ No

If **YES**, then what medication?

Dosage Time/Date Given

Is pet up to date on required vaccinations? ☐ Yes ☐ No

Was pre-anesthetic blood work done ahead of time? ☐ Yes ☐ No

I understand the following are surgical options and have been advised of the benefits and risks associated with my decisions:

* Additional information regarding the items below and other surgical items can be found on the last page. *

Laser Surgery (Spay/Neuters Only)

Not offered for feline neuter

☐ Accept ☐ Decline

Refer to estimate for fee

Initial: _____

Microchipping

☐ Accept ☐ Decline

Refer to estimate for fee

Initial: _____

Questions or concerns about the estimate (if any):

Signature: _____

Date: _____

Information On Additional Surgical Recommendations.

Laser Surgery *(For canine/feline spay and canine neuter only, not offered for feline neuter)*

- **Less pain** – Seals nerve endings as it cuts, reducing post-operative discomfort.
 - **Less bleeding** – Cauterizes small blood vessels during incision, improving visibility and minimizing blood loss.
 - **Less swelling** – Seals lymphatic vessels, reducing inflammation.
 - **Lower risk of infection** – The laser sterilizes tissue surfaces as it cuts.
 - **Faster recovery** – Less tissue trauma promotes quicker healing.
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Microchip *(If your pet already has a microchip, this option is not needed, please decline)*

- **Permanent identification** – Unlike collars or tags, a microchip lasts for life.
 - **Reunites lost pets with owners** – Shelters, rescues, and veterinary clinics routinely scan for chips. If your contact information is registered and up to date, your pet can be returned quickly.
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Histopathology *(Recommended for all mass removals)*

- **Definitive diagnosis** – Determines if a mass is benign or malignant and identifies the specific disease process.
 - **Guides treatment** – Helps your veterinarian recommend surgery, medications, or monitoring.
 - **Determines prognosis** – Provides information on disease aggressiveness, survival times, and recurrence risk.
 - **Confirms complete removal** – Pathologists assess surgical margins to ensure all abnormal cells were excised.
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E-Collar *(We will provide one if you do not already have one at home)*

- **Prevents licking, chewing, or scratching** – Protects wounds, sutures, and bandages from damage.
- **Protects surgical sites** – Keeps stitches or staples intact until healing is complete.
- **Reduces infection risk** – Prevents bacteria from entering the wound through licking.

CPR CONSENT

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the veterinarian(s) at the clinic pursue such medical care as indicated below. Having requested such emergency procedures, I agree to be held responsible for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already disclosed to me by the clinic and agreed upon by me.

I elect to have the staff of the clinic initialize resuscitation efforts via endotracheal intubation, positive pressure respiration. Administration of emergency drugs and/or external cardiac massage while I am attempted to be contacted

- ☐ *(I accept that if the clinic's staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgement, determine that there appears to be virtually no hope for medical success, they will cease further CPR procedures. I understand that despite the best efforts of the veterinarians and staff at the facility, even the most successful CPR that restores my pet's life may not allow my pet to regain their normal mental and physical health.)*

OR

- ☐ **I do NOT elect** to have the staff at the clinic pursue any CPR procedures for my pet

Treatment and Admissions Practices and Procedures

I, the undersigned owner, authorized agent of the owner, or Good Samaritan, responsible for seeking veterinary care for my pet, certify that I am over the age of eighteen years old, and agree and consent to the following:

Admission Authorization

I consent to the examination of my pet by staff veterinarians at the clinic. I also agree that after consultation with me, the clinic's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet.

Estimate

I acknowledge that an estimate for hospitalization has been provided to me and that I have had sufficient time to read and understand it. I understand that the clinic may require a **50%** deposit of the high end of the estimate at the time of admission into the clinic. I understand that changes in my pet's condition may necessitate change in the original estimate that was provided. If this occurs, a staff member at the clinic will contact me to discuss the changes and collect an additional deposit if required. I assume financial responsibility for the balance of all services rendered on a cash, check, or credit card basis at the time my pet is discharged from the clinic.

Signature: _____

Date: _____



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Treatment, Anesthesia, and Surgical Consent

I understand that treating medical conditions in veterinary patients is not always successful and complications may arise. I understand that complications may arise at any time when treating my pet, even when the instructions of the veterinarian are strictly followed. I understand that I am responsible for the cost of treating any complications that may occur.

If my pet is undergoing sedation, general anesthesia, and/or surgery, I understand and accept that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss and concerns I have about those risks with the attending veterinarian at the clinic before the procedure is initiated. Risks may include, but are not limited to, irreversible cosmetic changes, aspiration pneumonia, surgical site infections, hemorrhage, and, unfortunately, death.

I understand the reason my pet is being admitted to the clinic and I acknowledge that I have discussed the treatment options, details of any procedures involved, prognosis, recovery, and possible complications with the attending veterinarian at the clinic.

While I accept that all procedures will be performed to the best of the abilities of the staff at the clinic, I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment has been or can be made. All veterinarians at the clinic are committed to providing competent veterinary medical care with compassion and respect for animal welfare and health. I understand the nature of the above procedures and give my consent for the clinic to proceed.

Signature: _____

Date: _____