



Mountain View Equine Hospital, PC

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Consent for Treatment

Owner: _____

Address: _____

Phone: _____

Email: _____

Horse Name: _____

Breed: _____ **Sex:** _____ **Age:** _____

I am the owner or the authorized agent for the owner of the animal described 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.

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

Social Media/Teaching: By initialing I agree to the use of pictures and case information of my animal(s) for social media and/or teaching purposes. **Initial:** _____

CPR

In the event that Penny 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 Penny'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

Signature

Date