

### SURGERY CONSENT FORM

**Pre-Anesthetic Blood Panel:** I understand that anesthesia carries some risk even though it may be small. Therefore, blood testing is recommended before general anesthesia for animals under 8 years of age. For Animals over 8 years old blood work is required. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning at a normal level. Blood work helps us to make this determination.

\_\_\_\_\_ I accept the pre-anesthetic lab work. (\$62.93)

\_\_\_\_\_ I decline the pre-anesthetic lab work.

\_\_\_\_\_ My pet is over 8 years of age and it is required.

**Heartworm Testing:** If not currently on heartworm prevention, it is highly recommended that your pet undergo a heartworm test prior to anesthesia.

\_\_\_\_\_ I accept the heartworm test. (\$33.50)

\_\_\_\_\_ Proheart

\_\_\_\_\_ I decline the heartworm test.

**FELV Testing:** It is highly recommended for all cats to be tested for Feline Leukemia and Feline Immunodeficiency virus. Once tested you can properly vaccinate your cat against these diseases.

\_\_\_\_\_ I accept the FELV/FIV/HWC test. (\$34.00)

\_\_\_\_\_ Feline leukemia Booster (\$17.00)

\_\_\_\_\_ I decline the FELV/FIV/HWC test.

\_\_\_\_\_ FVRCP Booster (\$17.00)

**Intravenous Fluids and Catheter Placement:** In order to minimize complications/risks while under anesthesia, it is recommended that your pet have an IV Catheter placed so that he/she can receive intravenous fluids. We require a catheter during any procedure due to age, breed, or health status of the pet.

\_\_\_\_\_ I accept the IV Catheter. (\$36.55)

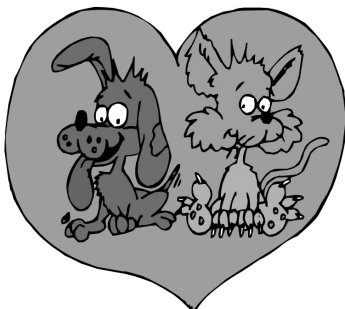
\_\_\_\_\_ I decline the IV Catheter.

**Laser Surgery:** Your pets surgical procedure can be performed with the traditional scapel method or with a CO2 surgical laser. The benefits of using the surgical laser for your pet are: less pain at the incision site and less bleeding.

\_\_\_\_\_ I accept the laser surgical procedure. (\$47.20)

\_\_\_\_\_ I decline the laser surgical procedure.

\_\_\_\_\_ Laser Cat Neuter (\$60.00)



*Thanks for coming to see us!*

**Health and Hygiene Care:** As you all know certain procedures are easier to perform while your pet is under anesthesia. So we are offering a Health and Hygiene Care package that will include: ear cleaning and gland expression, and teeth brushing. Normally a \$56.00 value, if you choose to do the Health and Hygiene Care it is \$17.00.

\_\_\_\_\_ I accept the Health and Hygiene Care (\$17.26)

\_\_\_\_\_ I decline the Health and Hygiene Care

\_\_\_\_\_ I accept a Toe Nail Trim (\$6.00)

**Do we have permission to treat your animal for internal or external parasites if seen? (ex. fleas, ticks, ear mites, intestinal parasites (worms) etc.)**

\_\_\_\_\_ Yes

\_\_\_\_\_ I accept a stool check

\_\_\_\_\_ No

\_\_\_\_\_ I decline a stool check

\_\_\_\_\_ Call First

**Would you like your pet to go home on pain management medication?**

\_\_\_\_\_ Yes

\_\_\_\_\_ Home Again Micro Chip (\$58.91)

\_\_\_\_\_ No

( \*Includes chip, implant and registration )

\*\*\*\* An Estimate of anticipated fees can be provided to you upon request. \*\*\*\*

\*\* If your pet is in heat or is pregnant, there may be an additional charge. \*\*

I hereby authorize Mineral Wells Animal Clinic, its representative, agent, or employees to perform the surgery and/or services in the below, described animal. I do hereby release and forever discharge Mineral Wells Animal Clinic its representative, agent, or employees, from all claims and demands whatsoever which I have or may have against administrative drugs or performance or other services, and any consequence resulting directly or indirectly there from.

I authorize the doctor to perform anesthesia and the following procedures/surgeries: \_\_\_\_\_

\_\_\_\_\_ on my pet

\_\_\_\_\_. I understand that all due caution will be taken, but there is always a risk that an allergic reaction or problem could occur by placing my pet under anesthesia. By following hospital protocol we are able to minimize risks.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Please list a number where you can be reached while your pet is in the hospital.

Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_



*Thanks for coming to see us!*