



PAWSITIVE VETERINARY CARE

Surgery Consent Form

Client Name: _____ Patient's Name: _____

Procedure: _____

Did your pet eat this morning?	YES _____	NO _____
Has your pet been sick in the last 30 days?	YES _____	NO _____
Has your pet had any reactions to medications?	YES _____	NO _____
Have you given your pet any over the counter medications?	YES _____	NO _____

For the safety of your pet and the pet's in the clinic, we require all boarding and surgical patients to be free of fleas and ticks. If staff finds any parasites on your pet, we will administer parasite control at the owner's expense.

PRE-OPERATIVE BLOOD TESTING:

Complications during and following sedation/anesthesia used during medical/surgical procedures can possibly be avoided if the doctor is aware of any underlying ailments such as anemia, infection, kidney malfunction, or liver disorders. These problems may not be evident on physical exam. Because these conditions can be detrimental to your pet's health, we highly recommend that all animals undergoing sedation/anesthesia have pre-operative blood testing. In addition, these results will serve as reference values should your pet become ill. **The price of the test is not quoted in the price of surgery.**

PLEASE READ AND INITIAL ONLY ONE:

_____ **Basic Profile: Available to all surgical patients (\$140.00)**

- CBC (Complete Blood Count): tests for anemia, infection, clotting ability
- Total Protein: tests for hydration, liver function
- BUN (Blood Urea Nitrogen) and Creatinine: tests for kidney function
- Glucose: tests for liver function, endocrine function
- ALT: tests for liver function, exposure to toxins
- ALKP: tests for liver function, detects endocrine disorder
- Electrolytes: tests for electrolyte disturbances, hydration, endocrine function

_____ **Detailed Profile: Recommend for ill patients and patients over 7 years (\$147.00)**

- All tests in Basic Profile plus:
- Cholesterol: tests for liver function and detect thyroid disorder (dogs)
- Bilirubin: tests for liver function and detect blood disorders
- Amylase: tests for pancreatic function, detects gastrointestinal disorders
- Phosphorus: tests for kidney function

- Calcium: tests for kidney function, detects certain types of cancer
- Albumin: detects liver disorders, kidney disorders, gastrointestinal disorders
- Globulin: detects chronic inflammation and certain types of cancer

_____ **I decline Pre-Operative Blood Testing**

ADDITIONAL PROCEDURES:

Canine Heartworm Screening Test \$47.25	Initial: Yes _____ No _____
Feline Combo Test \$49.35	Initial: Yes _____ No _____
Nail Trim \$15.00	Initial: Yes _____ No _____
Fecal Test \$20.00	Initial: Yes _____ No _____
Microchip \$60.00	Initial: Yes _____ No _____
Anal Gland Expressed \$25.00	Initial: Yes _____ No _____
Ear Cleaning \$30.00	Initial: Yes _____ No _____
Fluoride Treatment \$10.00	Initial: Yes _____ No _____
Dental Radiographs \$110.00	Initial: Yes _____ No _____

PAIN MANAGEMENT:

For the comfort of your pet and improved healing, we highly recommend take home pain medication:

- Pets 0-25lbs \$34.50
- Pets 26-50lbs \$42.55
- Pets 51-75lbs \$51.75
- Pets 76-100lbs \$57.50
- Pets 101-125lbs \$69.00
- Pets 126+lbs \$80.50

Initial: YES _____ NO _____

AUTHORIZATION AND RISK ASSESSMENT:

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) are started. My signature on this consent form indicates that questions have been answered to my satisfaction.

I authorize Pawsitive Veterinary Care to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Pawsitive Veterinary Care provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Pawsitive Veterinary Care, the veterinarians or any team member liable for any complications that may arise.

I accept full financial responsibility for the services rendered on behalf of this patient. I understand that payment is due in full upon release of this patient and that payment may be made by cash or check. **I understand that Pawsitive Veterinary Care does not have a payment plan, extended credit plan or billing policy.**

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA
CONSENT FORM

Owner signature _____ Date: _____

Emergency Phone Number(s) _____ ask for _____

_____ ask for _____