

ROUTINE PROCEDURE CONSENT FORM

Name: _____ Patient Name: _____

Address: _____ Phone Number: _____

Procedure: _____

Because your pet will be exposed to other animals as well as anesthetized, the following procedures are recommended or required. Please realize that we only require those procedures that are necessary for proper standards or veterinary care. Recommended procedures are chosen on an individual basis due to your pet's unique medical history and the surgical procedure that is about to be performed. Complete Blood Count (CBC) and total protein are mandatory on all surgical patients to assess for infection, anemia, and healing ability. Each surgical patient will have an intravenous catheter placed prior to surgery if possible. Pain medications will also be dispensed at your pet's hospital release. Please initial below to accept or decline for each recommended item (required items cannot be declined).

Test	Require	Recommend	Cost	Accept	Decline
FELV/FIV	_____	_____	_____	_____	_____
Heartworm	_____	_____	_____	_____	_____
Fecal	_____	_____	_____	_____	_____
Core Vaccines	_____	_____	_____	_____	_____
Rabies	Mandatory if not up to date. Proof of vaccinations must be provided.				
Mini Blood Chem.	_____	_____	_____	_____	_____
Complete Blood Chem	_____	_____	_____	_____	_____
Electrolytes	_____	_____	_____	_____	_____
X-rays	_____	_____	_____	_____	_____
Pre procedural EKG	_____	_____	_____	_____	_____
Biopsy sent off	_____	_____	_____	_____	_____

Total cost of added procedures _____

Estimated Surgical costs _____

Total estimated costs _____

Initials _____

If these test results are abnormal, we will discuss our findings with you and may decide to do one of the following:

- 1. Postpone the anesthesia procedure until a later date
- 2. Further testing to pursue a specific diagnosis
- 3. Proceed with anesthesia, but alter the drugs and procedures

If all the tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a low risk category. ANY ANESTHETIC CARRIES A SERIOUS RISK. THE MORE INFORMATION WE HAVE THE EASIER IT WILL BE TO PREDICT PROBLEMS. The latest in office laboratory technology has enabled us to run blood chemistries within minutes, safely, and accurately, before anesthetic procedures. If you have any questions regarding the blood panel or anesthesia, please ask. The staff and doctor will be happy to answer them.

Please initial here to indicate that you have been advised of the above_____

During surgery is an ideal time to implant a microchip. Microchip identification can help identify your pet if it becomes lost. Many shelters have microchip readers. The cost for the microchip and implantation is \$60.00. You can register your pet nationwide for free.

I would like to have my pet microchipped_____

I am not interested in having my pet microchipped at this time_____

STANDARD CONSENT FOR SURGERY

I am the owner or agent for the owner of this animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above named procedure(s) or operation(s). I also authorize the use of appropriate anesthetics, and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) and operation(s) and the risks involved. I realize that results cannot be guaranteed. If I neglect to pick up my pet within 3 days of the date above and do not notify the clinic within that time frame the clinic personnel may assume that the pet is abandoned and are hereby authorized to start proceedings as per WV Code 26-4-6. If my pet is found to be flea infested at the time of surgical presentation, I authorize the use and will pay for flea treatment to prevent infestation of the clinic.

I have been instructed to read and understand this authorization and consent.

_____ Owner/agent signature_____ date

_____ Witness to signature