

PAW PRINTS VETERINARY HOSPITAL, LLC

Surgical Consent Form

CLIENT'S NAME: _____

PET'S NAME: _____

PROCEDURE: _____

CONTACT NUMBERS: Home: _____ Cell: _____

DID YOUR PET EAT THIS MORNING? _____ Yes _____ No

PRE-ANESTHETIC BLOOD TESTING:

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will do a physical examination. However, many conditions including disorders of the liver, kidneys or blood are not detected unless blood testing is performed. For the safety of your pet, we highly recommend blood screening before any anesthetic procedure.

The fee for this blood work is \$82.00

_____ Accept, I want my pet to have the pre-anesthetic blood screen.

_____ Decline, I do not want my pet to have a pre-anesthetic blood screen.
I understand there may be an increased risk during anesthesia.

INTRAVENOUS CATHETERIZATION AND FLUID ADMINISTRATION:

During any procedure requiring anesthesia, Dr. Milford recommends the placement of an intravenous catheter coupled with fluid administration. There are several benefits to adding this procedure including: support of internal organs that may be affected by anesthesia (i.e. kidneys, liver, cardiovascular system), maintain normal blood pressure, maintain proper hydration and provides an immediate port to delivery medication in case of an emergency. In addition, the administration of fluids helps patients expel the anesthetic from their body faster, allowing them to recover more easily.

The fee for Intravenous Catheterization and Fluid Administration is \$27.00

_____ Accept, I want my pet to have intravenous catheterization and fluid administration.

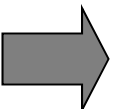
_____ Decline, I do not want my pet to have intravenous catheterization and fluid administration.
I understand there may be an increased risk during anesthesia.

MICROCHIP IMPLANTATION:

We also offer microchip insertion for your pet. **The cost of the chip is \$59.00** and while your pet is under anesthesia is the perfect time for insertion.

_____ Accept _____ Decline

OVER



CONSENT AND RELEASE

I hereby consent, authorize the Veterinarian on duty, and designated assistants to prescribe and administer treatment as is considered therapeutically or diagnostically necessary. I also consent to the administration of anesthetics and surgical procedures requested or as deemed necessary by the attending veterinarian. I understand that this veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises.

I am also aware that if my animal has any fleas, ticks, worm, or any other parasites he/she will be treated at my expense. This is to ensure the safety and respect of all patients of Paw Prints Veterinary Hospital.

I hereby certify that I have read and fully understand the above authorization for medical and or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications, as well as possible alternative modes of treatment. The veterinarian will use reasonable precautions for the well-being of this animal but will not be held liable for conditions beyond his or her control.

Signed: _____
Owner/Agent

Date: _____

******* PLEASE NOTE *******
PAYMENT IN FULL IS DUE AT TIME OF PICKUP.
IF OTHER ARRANGEMENTS ARE NECESSARY,
THEY MUST BE MADE PRIOR TO SERVICES BEING RENDERED.

Simple interest at a rate of 15% will be added to all open balances not paid within 30 days.