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 per a physical examination. However, many conditions including discunless blood testing is performed. For the safety of your pet, we have procedure.	orders of the liver, kidneys or blood are not detected
The fee for this blood work is \$95.00 **DOES NOT APPL	LY TO RABBIT'S**
Accept, I want my pet to have the pre-anesthetic blood	l screen.
Decline, I do not want my pet to have a pre-anesthetic I understand there may be an increased risk during ane	
INTRAVENOUS CATHETERIZATION AND FLUID A	DMINISTRATION:
During any procedure requiring anesthesia, we recommend the pla administration. There are several benefits to adding this procedure affected by anesthesia (i.e. kidneys, liver, cardiovascular system), hydration and provides an immediate port to deliver medication in of fluids helps a patient expel the anesthetic from his/her body fast	e including: support of internal organs that may be maintain normal blood pressure, maintain proper case of an emergency. In addition, the administration
The fee for Intravenous Catheterization and Fluid Admir	nistration is \$33.00
Accept, I want my pet to have intravenous catheterization and fluid administration.	
Decline, I do not want my pet to have intravenous cath I understand there may be an increased risk during ane	
MICROCHIP IMPLANTATION:	
If selecting microchip implantation please fill out microcontact information	ochip form on our website to ensure correct
We also offer microchip insertion for your pet. The cost canesthesia is the perfect time for insertion.	of the chip is \$60.00 and while your pet is under
AcceptDecline	SEE NEXT PAGE

WHEN DISPENSING MEDICATIONS TO GO HOME WI	ITH YOUR PET, DO YOU PREFER
PILLS OR LIQUID MEDICATIONS? DO YOU HAVE AN ELIZABETHAN COLLAR AT HOME	E?YES ORNO
CONSENT AND RELEASE	
I hereby consent and authorize the Veterinarian on duty, administer treatment as is considered therapeutically or diagnost administration of anesthetics and surgical procedures requested eveterinarian. I understand that this veterinary facility does NOT business hours by a person physically on these premises.	tically necessary. I also consent to the or as deemed necessary by the attending
I am also aware that if my animal has any fleas, ticks,	s, worms, or any other parasites he/she will be
<u>treated at my expense.</u> This is to ensure the safety and respect Hospital.	of all patients of Paw Prints Veterinary
I hereby certify that I have read and fully understand the treatment, the reasons why surgery is necessary, its advantages a alternative modes of treatment. The veterinarian will use reason animal but will not be held liable for conditions beyond his or he	and possible complications, as well as possible nable precautions for the well-being of this
Signed:	Date:
Owner/Agent	

******* 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.