

# North Central Missouri Veterinary Services

## Surgery Consent

Client Name: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

1) I have kept food away for the last 12 hours: YES / NO

2) I would like my pet to have additional pain relief meds (\$18.50): YES / NO

3) All animals being kept for procedures must be current on vaccines. (Check one)

My pet is current on vaccines and was last vaccinated on \_\_\_\_\_.

My pet is NOT current on vaccines and I would like vaccines to be given today (\$36.00).

4) Our doctors recommend that pre anesthetic blood work be performed before surgery to get a base line evaluation of kidney, liver, and blood cell information prior to placing your pet under anesthesia.

I would like my pet to have pre anesthetic blood work (\$39.00): YES / NO

5) My pet is current on a flea treatment and was last treated on: \_\_\_\_\_

Should any fleas or ticks be observed, I understand that treatment will be applied to my pet at my cost.

6) I would like the following additional elective procedures performed while my pet is here today:

Nail Trim (\$9.50)       Ear Cleaning (\$6.00)

Fecal Evaluation (9.50)       Microchip Implantation (\$29.00)

7) We recommend that all dogs have YEARLY heartworm testing in addition to being on year-round preventatives due to the high mortality rate of heartworm disease.

My dog is currently on heartworm prevention: YES / NO

I would like to have my dog tested for heartworm: YES / NO

**By signing this consent form, I agree that the following statements are true:**

**I am the owner (or owner's agent) of \_\_\_\_\_.**

**I understand that anesthesia is not without risk and that North Central MO Vet Services will take necessary precautions to ensure the safety of my pet. I have been explained the risks involved and will not hold North Central MO Vet Services responsible for any complications resulting from responsible performance of anesthesia. I accept responsibility for those risks associated with anesthesia.**

**I authorize North Central Missouri Vet to anesthetize my pet for the purpose of the above mentioned procedure(s).**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Best phone number to call today: \_\_\_\_\_**

For Office Use:

Treatments:

Weight: \_\_\_\_\_

Medications: \_\_\_\_\_