

# 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 (\$13.50):        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.

8) 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)

**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: \_\_\_\_\_