

North Central Missouri Veterinary Services Canine Surgery Consent

Client: <first-and-spouse> <last-name> **Acct#:** <number> Surgery Date: <appt-date>

Patient: <animal> Breed: <breed> Color: <color> Age: <age> <sex-name>

Procedure: _____

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

2) I would like my pet to have take-home pain medication(\$19.50, or \$25.20 for >60lbs): 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 (\$49.50).

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 (\$42.00): YES/NO

5) Placing an IV catheter and administering fluids during surgical/anesthetic procedures is important. An IV catheter allows our staff quick access to administer meds during surgery. Giving fluids through an IV catheter during procedures aids in maintaining hydration, blood pressure, and body temperature. All of these factors affect a patient's recovery time. I would like my pet to have IV catheter/fluids (\$39.00): YES/NO

6) 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.

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

_____ Nail Trim (\$10.50) _____ Microchip Implantation (\$32.50)

8) 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 (\$19.00): YES / NO

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

I am the owner (or owner's agent) of <animal>.

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: _____