## **Pre-Surgical Consent Form**

Kirtland Veterinary Hospital

Owner		Pet	Pet's Age	
Type of Surgery:	Spay □ Neuto Dental □ Mass Removal □	er   Declaw  Other   Number & Location of Masses		
If having a mass rem	oved, do you want th	he mass sent for analysis? \$131 Do	ctor's Discretion	Yes □ No □
		be surgically removed we will call your be surgically extracted.  Initial	_	it unless you initial for
We highly recommen Would you like this d	•	et to be tested for Feline Leukemia & F  9 \$36	IV be tested before	undergoing anesthesia Yes □ No □
Would you like your pet microchipped durin		ring his/her procedure today? \$40		Yes □ No □
Please Answer the F	ollowing Health Qu	estions.		
<ul><li>2) Have you noti</li><li>3) Is your pet allo</li><li>4) Is there any re</li></ul>	ergic to, or currently ason you feel that yo ed yes to any questio	our pet's water consumption or urinary taking any medications? ur pet would be a poor surgical risk? ns please explain:	habits?	Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □
Pre-Surgical Health Screen		Full Health Screen & CBC	Comprehensive Health Screen	
Recommended for the years old:  - This blood scree assess your pet metabolize ane: - It also shows u	thealthy pets up to 7 en allows us to s ability to	<ul> <li>Recommended for all pets 8 years and older:</li> <li>Includes all tests in the Pre-Surgical Health Screen, plus 7 additional organ function tests.</li> <li>Screens for anemia, dehydration and infection.</li> </ul>	Recommended for patients 8 years and older, or with questionable health status. Also, recommended for patients having masses removed to look for metastasis to the lungs.  - Includes Full Health Screen & CBC, plus ECG, and radiographs of the chest.	
\$45.00 ( Required in all pe	ts 8yrs and older)	\$107.00	\$172.00	
Initial here if declining	ng pre-anesthetic test	ing for your pet		
Hospital permission assume full financia below, I understand procedure(s) and/or	n to perform the about the approximation to perform the about the attending doctors treatments. I have	Please Read Carefully and Sign or authorized agent of ove indicated procedure(s) using gent this animal. In the event that I cannot will use his/her best judgment in palso read the Pre-Anesthetic Testing with anesthesia and surgery.	eral anesthesia an lot be reached at the performing any ad	d/or a tranquilizer. I he phone numbers ditional necessary
Signature of owner or au	nthorized agent	Date	Phone number I can be reached at today.	
			Secondary number	