

PET _____ CLIENT _____

PROCEDURE _____

SURGICAL CONSENT FORM

COUNTY ANIMAL CLINIC INC.
609 NORTH SECOND STREET
COLDWATER, OHIO 45828

Please provide a telephone number at which we can reach you or a family member from 9:00a.m. to 4:00p.m. _____
For whom should we ask? _____

THE FOLLOWING ARE VERY IMPORTANT QUESTIONS, PLEASE TAKE THE TIME TO ANSWER THOROUGHLY.

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | Are vaccinations current? Location (if not given here) _____ |
| ___ | ___ | If applicable, is your dog on heartworm preventative? |
| ___ | ___ | Has your pet been tested for intestinal parasites in the last 6 months? |
| ___ | ___ | Any vomiting, coughing, diarrhea, or lethargy? |
| ___ | ___ | Did your pet eat or drink anything in the last 8 hours? |
| ___ | ___ | Does your pet have any known drug allergies? |
| ___ | ___ | Has your pet had any illness or injury in the last 30 days? If yes, explain: _____ |

OPPORTUNITY FOR PAINLESS "HOMEAGAIN" MICROCHIP IDENTIFICATION

A Homeagain Microchip provides a permanent way to identify your pet if ever lost or stolen. Please feel free to ask for more details. If done at the time of surgery, the cost is **\$45.** (this price reflects a surgical discount)
_____ Yes, I authorize implantation of a computer microchip for my pet. _____ No, I am not interested.

LABORATORY SCREENING

Every animal undergoing anesthesia deserves to be screened for internal problems, not evident by physical exam. These tests ensure that your pet may undergo anesthesia with minimal risk to their health and well being. Please choose from the following in-house test. A = Approve D = Disapprove

- | A | D | |
|-----|-----|--|
| ___ | ___ | For pets under one year of age: BUN (kidney), ALT (liver), TP (immune status, infections, inflammation) <u>\$45.</u> |
| ___ | ___ | For pets one to five years of age: BUN (kidney), ALT (liver), TP (immune status, infections, inflammation), AMYLASE (pancreas) <u>\$50</u> |
| ___ | ___ | For pets over the age of five: BUN (kidney), ALT (liver), TP (immune status, infections, inflammation), AMYLASE (pancreas), CREATININE (kidney), GLUCOSE (diabetes, liver) <u>\$55.</u> |
| ___ | ___ | For ALL pets: Complete Blood Count (CBC) Will check platelets, white blood cells, red blood cells, and many other important components of the blood (anemia, infections, etc.) <u>\$45.</u> |

~ A complete physical exam will be performed on every animal undergoing anesthesia. The cost for this is **\$35**

~ Please note any concerns you may have, or additional procedures you would like to be performed while your pet is under anesthesia (nail trimming, ear cleaning, vaccines, etc.) _____

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner, whatever the circumstances, in connection, as it is thoroughly understood that I assume all risks.

I _____ authorize the above procedures. Date: _____
signature of owner