

Clackamas County Veterinary Clinic
SURGERY, DENTISTRY, & ANESTHESIA CONSENT FORM

DATE: _____

Pet Name: _____

Owner Name: _____

Today's Contact Phone Number(s) _____

PLEASE CHECK "YES" OR "NO" ON ALL AVAILABLE BOXES

- In order for us to lesson the risk for your pet during the procedure, **we recommend an IV Catheter and IV Fluids.** Anesthetic procedures may cause your pet's blood pressure level to drop, an IV fluid drip will allow us to keep your pet's blood pressure at a safe level, as well as give us an immediate access in case of emergency. There is an extra charge of \$76.00. **YES**
 NO

- For the protection of our staff, we need to know, **Is your pet current on their RABIES VACCINE?**
 YES, When was it given? _____ Clinic Name _____
 NO, Would you like us to vaccinate you pet for RABIES today? **YES** **NO**

- To reduce pain, inflammation and accelerate healing of your pet after their surgery today, **we offer Therapeutic Laser treatments post surgically.** This treatment allows your pet to recover faster from their surgery, helping their immune system respond faster creating less scar tissue. Laser therapy is non-invasive and safe. Would you like us to use the Therapeutic Laser Treatment on your pet today? The cost today would be \$10. for routine, and \$15. for large incisions. **YES**
 NO

- **The following are included in SPAY & NEUTER PACKAGES ONLY, at no extra cost:** Nail trims, Ear exam, Ear flushing (when necessary), Fecal examination, and Pain medication for homecare. May we perform and prescribe those for your pet? **YES** **NO**

CONSENT FOR SURGERY:

I, the undersigned, being of legal age and responsible for the animal(s) listed above, have the authority to grant Clackamas County Veterinary Clinic (CCVC) and its agents my consent to receive, prescribe for, treat, and perform surgery upon the above listed animal(s). I understand that modern techniques, equipment, and trained staff will be used to care for and monitor my pets, however, surgery and anesthesia have inherent risks, and individual animals may respond in unpredictable ways. With any anesthetic procedure there is always a risk of unforeseen serious complications due to anesthesia, the surgical procedure, or the patient condition. It is understood that CCVC and its agents will not be held liable for unwanted results.

If in the course of treatment or surgery, a condition is discovered which requires medical attention or additional procedures, it is up to the veterinarian to decide what to do. *If the patient needs emergency or resuscitative procedures, those will be preformed immediately upon need, unless the owner has previously requested to the contrary.* I expect CCVC and it's agents to use reasonable care and judgment in performing these procedures, and I understand that I am responsible for all reasonable costs incurred regarding this animal. I understand that the veterinarian can refuse to perform any procedure on any animal for any reason.

Signature of Owner _____ **Date** _____

Patient pick up times are between *3:00 p.m. and before 5:00 p.m.* the same day, unless other arrangements have been made. Financial responsibility for services rendered is due at time of discharge.

Are there any other services that you want done while your pet is in our care?

Please mark with an "X" or a "√", in the boxes corresponding to the services you wish to have done today.

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Micro-Chipping | <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Shave Mats |
| <input type="checkbox"/> Flea Treatment | <input type="checkbox"/> Feline Leukemia & Aids Testing (Cats & Kittens) | <input type="checkbox"/> Nail Trims | |
| <input type="checkbox"/> Update vaccines for _____ | <input type="checkbox"/> Ear Check or Flush | | |
| <input type="checkbox"/> Fluoride Treatment (strengthens the enamel and protects their teeth) | | | |