



## Consent for Spay or Castration with Voucher

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

I hereby authorize that I am the owner of the above mentioned patient and have the authority to give Mile Creek Animal Hospital and Dr. Winner permission to perform the above mentioned surgical procedure.

**The Pets Ohio grant that makes this voucher possible will cover ONLY the cost of anesthesia and the surgical procedure. All other costs incurred will be your responsibility (Capstar, pain medication, buster collar, etc.)**

Does your pet need any other treatments or vaccinations today? (Please circle)

**DAPP Rabies Leptosporosis Lyme Disease Heartworm Test Intestinal Parasites Exam**

**Other** \_\_\_\_\_

**Do you have written proof that these vaccinations have been given? ( ) YES ( ) NO**

### **Microchip Identification**

Very few lost pets find their way home without permanent identification. We can implant a MICROCHIP while your pet is sedated for \$51.00 ( ) YES ( ) NO

In a continuing effort to provide quality healthcare to our patients and reduce anesthetic risk, we require a pre-surgical blood panel. This blood work will check liver and kidney function, blood proteins, and blood glucose levels before your pet is administered any anesthesia. The liver and kidneys are the prime organs that metabolize the anesthetic drugs and it is possible to have elevations, indicating improper function, with no physical symptoms. Blood proteins give a complete picture of liver function and hydration status. Blood glucose levels ensure your pet's sugar is at an appropriate level. This blood work gives us a more complete picture of how your pet's body is functioning.

\_\_\_\_ I give consent to perform pre-surgical blood panel \_\_\_\_ I decline the pre-surgical blood panel

Does your pet have any of the following symptoms? (Please circle)

**Coughing Sneezing Vomiting Diarrhea Changes In Appetite Or Water Consumption Seizures**

**Other** \_\_\_\_\_

Your pet will be examined prior to the procedure, to ensure they are in good health and able to undergo the mentioned procedure. If any abnormalities are found, it will be up to Dr. Winner's medical opinion if she thinks it is safe to proceed. You will be notified of any problems found on physical exam or pre- surgical blood panel.

\_\_\_\_ I have read the above information and the Medical Plan for Surgical Vouchers. I have had the procedure explained to me and I understand that any additional cost are my financial responsibility and are due at time of discharge of my pet.

\_\_\_\_ I give Mile Creek Animal Hospital permission to perform any necessary procedures should an anesthetic emergency arise, and do what Dr. Winner feels is necessary to preserve the life of my pet in the event that I am not able to be reached. I understand that I am responsible for these charges.

Signature of Owner/Agent \_\_\_\_\_

Emergency Contact Number (s) \_\_\_\_\_



Signature of Owner/Agent \_\_\_\_\_

Emergency Contact Number (s) \_\_\_\_\_