

Rustebakke Veterinary Service

**Clarkston , WA 99403
(509) 758-0955**

**Anesthesia/Surgery Consent Form
12/5/2013**

Client ID:	685	Patient ID:	10775
Client Name:	RVS	Name:	Pistol Pete
Address:	705 15th St	Species:	Feline
	Clarkston, WA 99403	Breed:	Shorthair, Domestic
Telephone:	(509) 758-0955	Sex:	Neutered Male
		Color:	Gray and White
		Markings:	
		Birth Date:	8/28/2011

Optional Procedures: Please initial below if you would like any of the additional procedures.

	<u>Cost</u>	<u>Yes</u>	<u>No</u>
1. Pre-surgery Blood Panel	\$92.50	_____	_____
In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes, and Sodium, Chloride, and Potassium electrolytes. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a blood profile for geriatric animals (animals older than 7 years) at \$102.50.			
2. Pain Injection at time of Procedure	\$12-\$30	_____	_____
3. Pain medication dispensed (Varies with animal size) and sent home with pet.		_____	_____
4. Update vaccinations: Which vaccine?	_____	_____	_____
5. Microchip with Registration	\$40.00	_____	_____

I hereby authorize and direct the veterinarians of Rustebakke Veterinary Service to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections) and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results or cure from the procedure. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay for services rendered, including those deemed necessary for unforeseen medical and surgical complications. The charges for procedures are only estimates and the final bill may be more or less than the original estimate. **PAYMENT IS EXPECTED AT TIME OF RELEASE. I have read the foregoing, understand what it says, and agree.**

Signature _____ Phone Number for Today _____
