Meridian Veterinary Clinic

1277 N. SR 135, Greenwood, IN 46142

David K. Haviland, DVM Jeffrey P. Udrasols, DVM
Jonathan W. Sheff, DVM Amanda Spencer, DVM

Date: **Species:**

Owner: **Breed:**

Animal: **Sex:** **Age:**

PROCEDURE CONSENT

I am the owner of the above named pet or I am responsible for it and have the authority to execute this consent. I herby authorize the performance of the following procedure(s):

_____

_____

Initial approval: _____

I herby also authorize the use of such anesthesia as you deem advisable, and the performance of such surgical or therapeutic procedures as you determine to be indicated and institute immediately any life support measures when you deem necessary. I agree to hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

- All animals will be examined for fleas. If fleas are found, your pet will be treated with Capstar for an additional charge of $5.00-$5.50

PRE-ANESTHETIC BLOOD PROFILE CONSENT

Your pet is here today for anesthesia/surgery. A pre-anesthesia blood profile is necessary for the purpose of identifying some pre-existing internal problems that may not be evident on physical examination, but could lead to serious complications. **$50**

☐ **Yes** ☐ **No** to authorize the recommended pre-anesthetic blood screen.

PAIN RELIEVER CONSENT

Most surgical procedures cause discomfort and pain during and after the surgery. We offer pain reliever necessary for the management of pain. Patients that receive pain relieving medication are more comfortable and recover from procedures more smoothly, and in some case more quickly than those that do not receive pain reliever. **Estimated Cost for a Dog is $30-$50 Cat is $35**

☐ **Yes** ☐ **No** to authorize pain management for my pet.

☐**Yes** ☐ **No** to authorize a Feline Immunodeficiency Virus / Feline Leukemia Virus Test (FELV/FIV). Strongly recommended for kittens and cats NEVER tested or at high risk (i.e., outdoor cat). **$55**

☐**Yes** ☐ **No** to authorize a Microchip implant for permanent identification. **$34** (This includes registration)

☐**Yes** ☐ **No** to authorize a Nail Trim **$14**

☐**Yes** ☐ **No** Did your pet eat or drink this morning?

☐**Yes** ☐ **No** Are the vaccinations current? **If not current, vaccinations are highly recommended.**

_____
Signature of Owner or Agent / Date

_____ _____
Daytime Phone Number **Print Name**