Noblesville Pet Wellness Clinic
15887 Cumberland Road, Suite 105
Noblesville, IN 46060

Surgical/Dental Patient

Procedure _____

Did your pet eat this a.m.? YES _____ NO _____

Is Your Pet Current on Vaccines/Heartworm Test? YES _____ NO _____

Is Your Pet Current on Heartworm Prevention? YES _____ NO _____

Has Your Pet had any reactions, including any vaccine reactions? YES _____ NO _____

Is Your Pet Currently on any YES _____ (Please list NO _____

FOR THE SAFETY OF YOUR PET, WE REQUIRE IV CATHETERS ON ALL CANINE PROCEDURES
Cost for IV Catheter is $9.95

WE ARE A FLEA FREE ENVIRONMENT
IF FLEAS ARE FOUND, WE WILL TREAT AT OWNERS EXPENSE

All anesthetics and surgeries carry risks ranging from post-op nausea to sudden death. While these occurences are very rare, they can happen even though protective measures are taken. I, (the owner/responsible party) for the above-described animal, have the authority to execute this consent, and am over 18 years of age. I understand there is an inherent risk in anesthesia and/or surgery. I agree to the above described procedure/care, and accept full responsibility and also full financial responsibility and understand all charges are to be paid in full upon completion.

PRE SURGICAL BLOOD SCREENING

In order to reduce the risks involved with anesthetizing our patients, we perform a pre-surgical blood screen to detect abnormalities not evident on a routine examination. The charges for the blood screen will be added to your invoice. This bloodwork panel checks blood counts, platelet counts and 10 blood chemistry levels to evaluate liver and kidney function, as well as blood glucose levels and blood protein levels. Evaluation of these levels allows us to FIRST see if anesthesia can be used safely on your pet, and SECOND allows us to adjust the dosing to exactly what your pet needs for the safest possible anesthesia and recovery....pre-anesthetic blood screening GREATLY reduces risks associated with any anesthesia.

_____ I declined the recommended pre-surgical blood screen at this time and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

I HAVE READ THE IN INFORMATION SHEETS ON PRE-ANESTHESIA BLOOD WORK. I UNDERSTAND THE RISKS AND I ASSUME FULL RESPONSIBILITY. I ALSO UNDERSTAND THAT IF WE ARE UNABLE TO REACH YOU BY PHONE DURING THE PROCEDURE, WE HAVE YOUR PERMISSION TO PERFORM ADDITIONAL PROCEDURES AS WE DEEM NECESSARY.

Signature _____ Contact Phone # _____

Please confirm your e-mail address _____

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RECOMMENDED SURGICAL OPTIONS

POST-SURGICAL PAIN MEDICATION (REQUIRED FOR DECLAWS)

YES _____ NO _____ PAIN PACKAGE AT DISCOUNTED PRICE

IV CATHETER AND FLUIDS
(Faster Recovery and Safer Surgery Procedure....CRITICAL in older pets)

YES _____ NO _____ IV FLUIDS (Subcutaneous Fluids for Declaws)

WELLNESS PACKAGES, CANINE OR FELINE

YES _____ NO _____ VACCINES (Canine: Distemper/Rabies/Kennel
(Feline: Distemper/Rabies/Feline Leukemia)

YES _____ NO _____ HEARTWORM TEST

YES _____ NO _____ FELINE LEUKEMIA/FELINE AIDS TEST

YES _____ NO _____ STOOL EXAM FOR INTESTINAL PARASITES

DENTAL OPTIONS

YES _____ NO _____ CET Oral Rinse/Water Additive (Slows the buildup of bacteria)

YES _____ NO _____ DENTAL SEALANTS (Helps lengthen the time between dentals)

FLEA PREVENTION or HEARTWORM PREVENTION

YES _____ NO _____ Proheart Inj/Heartgard/Activyl/Nexgard/Trifexis/Revolution(Cats)

Check any ADDITIONAL SERVICES wanted

Nail Trim _____ Anal Glands Expressed _____ Microchip _____

*Signature _____