

Surgery Consent Form

Client Name: {FULLNAME} ID# {ID} {CURRENTDATE[SHORT]}

Patient Name: {NAME} ID : {PATIENTID}	{SPECIES} {BREED} {AGE}
Surgical Procedures :	

Estimate for procedure:\$ _____

Medical History

Current on vaccinations? Yes No

ALL PETS ARE REQUIRED TO BE CURRENT ON VACCINES FOR SURGERY

(DOGS) DHLPP/DHPP, BORDETELLA, RABIES

(CATS) FELINE UPPER RESPIRATORY(FVRCP), RABIES

Heartworm Test - Yes No / Fecal Test - Yes No

Appalachian Animal Clinic recommends that all pets have a heartworm test and fecal test at least once a year to ensure your pets good health.

All surgery patients will have an IV catheter placed and IV fluids administered during the procedure.

As with any surgery requiring general anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we recommended the following:

Pre Anesthetic Bloodwork \$67.79	To assure proper organ function, clotting ability, detect anemia or infection, baseline for future reference. The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and nonfasted samples, breeds, age and sick and healthy patients. Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension and facilitating patient recovery. (required for all pets over 7 years) <input type="checkbox"/> accepted <input type="checkbox"/> declined
Home Again Microchip ID \$58.78	A "Home Again" Microchip can be implanted . You may think that your pet is protected from getting lost, but accidents happen. In fact, one in three pets will become lost during their lifetime. <input type="checkbox"/> accepted <input type="checkbox"/> declined

As the owner of the above pet, I certify that I am over the age of 18 and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization.

Post OP medications are required, do you prefer Liquid or Tablet form? (Not all medications will have an option of form)

Client Signature _____

Date: {CURRENTDATE[SHORT]}

Contact Number: (primary) _____ (secondary) _____