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Surgical Consent Form

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a very low rate of complications. Like you, our greatest concern is the well-being of your pet. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic exams. To avoid those problems, we recommend that all of these cases be screened prior to anesthesia by means of laboratory blood tests that check liver, kidney, and glucose, as well as complete blood counts. The cost of these important tests is \$48.50 added to cost of surgery.

Would you like your pet to receive pre-anesthetic blood screening?

_____ YES, I want my pet to have a pre-anesthetic blood screen.
_____ NO, I decline pre-anesthetic blood screening for my pet at this time.

Even though our pets cannot effectively tell us if they are in pain, they do experience post-surgical discomfort the same as we do. We **require** post-surgical pain medication for all surgeries. For the majority of our surgical procedures a regimen of post-surgical pain medication will also be dispensed to go home. All pain medication used for routine surgical procedures (spay or neuter) is included in surgical cost.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AND VACCINATIONS WILL BE GIVEN AT THE OWNERS EXPENSE. The required vaccines include: **DOGS: DA2PLCPV** (7 in 1), **Bordatella** (kennel cough), and **Rabies Vaccine**. **CATS: FVRCP** (4 in 1) and **Rabies Vaccine**. **Feline Leukemia Vaccination** is recommended for any cat that goes outdoors but is not required for surgery admission.

Please check any additional services you would like your pet to have while under anesthesia:

_____ Clip Nails _____ HomeAgain Microchip
_____ Clean Ears _____ Skin (checked by veterinarian)
_____ Express Anal Glands _____ Extract baby teeth
_____ Other _____

Please fill out completely:

Signed (owner/agent): _____ Pet's Name: _____

Breed/Sex: _____ Procedure: _____

Date: ____/____/____ Emergency Contact & Phone Number: _____