



## Anesthesia / Surgical / Treatment Consent Form

Pet's Name \_\_\_\_\_ Pet ID \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

Client Name \_\_\_\_\_ Client ID \_\_\_\_\_

Procedure(s) \_\_\_\_\_ Dr. \_\_\_\_\_

Last Exam \_\_\_\_\_ Blood work \_\_\_\_\_

Vaccines Due:

Canine:  Rabies  DHPP  Bordetella  Influenza  Leptospirosis  Rattlesnake

Heartworm test current? YES or NO If no, would you like to update this test today?

Feline:  Rabies  FVRCP  FeLV

Appetite/Attitude have been normal? YES NO

Diet Fed: \_\_\_\_\_

Last meal \_\_\_\_\_ Last water \_\_\_\_\_

Any coughing, sneezing, vomiting and/or diarrhea? YES NO

Is your pet on any medications? YES NO If yes, please list/last time given:

\_\_\_\_\_

Home Again Microchip \$71 \_\_\_\_\_ YES or NO (Please initial if you would like this service)

Histopathology \$200 - \$400 \_\_\_\_\_ YES or NO (Please initial if you would like this service)

Histopathology involves us sending out a tissue sample of the mass removed to a Board-Certified Pathologist for examination to confirm what type of mass was removed and check the margins of the mass removed. All this information will help your veterinarian decide the best course of treatment for your pet.

Medical Pet Shirt (\$40.20) E-Collar (\$21.20) I have or will provide my own E-Collar or Pet Shirt

Last Heat Cycle \_\_\_\_\_ There will be an additional charge for animals that are in heat, pregnant or excessively overweight and are undergoing a spay/ neutering surgery.

I am the owner (or owner's agent) of \_\_\_\_\_, I understand that I am authorizing performance of the surgical procedure(s) listed above.

It is rare, but during surgery, complications such as cardiac or respiratory arrest can occur. In the event that something occurs, please initial your selection below.

\_\_\_\_ I request that *all* resuscitative measures, CPR, life-sustaining drugs or intubation be used.  
(Typical cost incurred is \$500-\$700.)

\_\_\_\_ I request *no* resuscitative measures be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number where you can be reached at today \_\_\_\_\_  
Admitted By: \_\_\_\_\_