



Client's Name: _____ Pet's Name: _____
PROCEDURE(S): _____

SURGICAL CONSENT FORM

I hereby authorize Indian Creek Veterinary Hospital to perform the following procedures, operations, and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian. I am aware of and have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

VACCINATIONS REQUIRED FOR SURGICAL PATIENTS

*******CANINE:** Rabies, DHLPP/DHPP, Heartworm Test*****

*******FELINE:** Rabies, FVRCP, FIV/FELV/HWT*****

Our most important priority is the health and well-being of the animals and the safety of our employees. For this reason, we reserve the right to decline surgical procedures on any animal that is not current (within the last 12 months) on vaccines.

PRE-SURGICAL BLOODWORK

As veterinary medicine has advanced, we now have the capability to properly evaluate your pet's health. This blood analysis will help evaluate your pet's ability to utilize and metabolize drugs and anesthetics. The detection of underlying problems before surgery is even more important because our patients cannot always tell us how they feel. The tests we recommend, evaluate the major organ functions and other common problems at a particular stage of life. While the performance of these tests does decrease surgical anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk.

PROFILE 1 (recommended): ELECTIVE PROCEDURES FOR ANIMALS 5 YEARS OR UNDER (Cost \$79)

- Basic Chemistry Panel & Complete Blood Count

_____ initial

PROFILE 2 (required): NON-ELECTIVE PROCEDURES FOR ANIMALS 5 YEARS OR UNDER (Cost \$79)

- Basic Chemistry Panel & Complete Blood Count

_____ initial

PROFILE 3 (required): ANIMALS 6 YEARS OR OVER, INVASIVE PROCEDURES, OR SICK ANIMALS (Cost \$109 - \$129)

- Complete Chemistry Panel, Complete Blood Count, & Electrolytes

_____ initial

I DO DO NOT Want **pre-operative pain management** (\$13.75 - \$21)

I DO DO NOT Want my pet to go home with an **e-collar**

I DO DO NOT Want my pet to go home with **Yesterday's News Cat Litter - Declaws** (\$7.00)

I DO DO NOT Authorize implantation of the **Home Again Microchip** (\$50)

I DO DO NOT Authorize a **Nail Trim** (complimentary)

I DO DO NOT Authorize extraction(s) of any deciduous teeth (baby teeth) at our discretion (\$10)

I DO DO NOT Authorize histopath submission for any masses removed (\$206.80 for 1 site)

I DO DO NOT Authorize additional service (i.e. Anal Glands, Clean Ears, Prevention): _____

Would you prefer a **text message** or **phone call** or **e-mail** to let you know your pet is out of surgery?

I read and understood this consent form.

Signature of Owner or Agent

Date

Best Phone Number

Alternate Phone Number

E-mail Address: _____

**Surgery drop off time is between 7:30am - 8:00am. No food or water after 10:00pm of the night before or the morning of surgery. Also, please allow 10-15 minutes for the patient to be admitted.*