Angel Veterinary Clinic Anesthesia/Surgical Consent Form

Procedure Arrival Time is 8:00-8:30 A.M. the day of the procedure. Date of Procedure: Procedure Instructions: NO FOOD or WATER after 10:00 P.M. the night before the surgery. Owners Name: Pets Name: I am the owner or responsible party having the authority to execute this consent for the procedures being done to the animal. I hereby authorize the performance of the following: (What procedures are we doing?) (Please INITIAL by the procedure that is being performed) Sterilization (OVH, Spay, Castration/Neuter, Cryptorchid) Radiographs (X-rays) Wound Treatments Dental (Cleaning/Polishing/Extractions/Puppy Teeth) Ear Trims: Crop Cut Orthopedic Follow up (Bandage/Cast/Splint Change) Vaccinations: Tail Docking (Length_ Tumor/Mass Removal Feline Declaw: (Front or All) Histopathology Orthopedic SX: Other: Vaccinations/Parasites I understand all vaccines must be current to the standards of Angel Veterinary Clinic or they will be administered and charged accordingly. If your pet has internal or external parasites, they may include fleas, ticks, tapeworms, or roundworms they will be treated and changed accordingly. Additional Charges I understand that if my pet has any conditions found during the procedure that complicates the procedure there will be additional charges based on the time and cost involved (i.e. heat, pregnant, overweight, cryptorchid, tick-borne disease) I understand that certain procedures will be performed for the health and welfare of my pet (i.e. retained puppy teeth, hernias, ear conditions, and nail trims) I understand during the performance of the foregoing procedures, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or different procedure than set forth above. Therefore. I hereby consent and authorize the performance of any procedure or operation as necessary and desirable in the veterinarian's judgement. I authorize the use of appropriate anesthetics and medication. I understand that hospital support staff will be employed as deemed necessary by the veterinarian. I have been advised of the nature and risk involved in the procedure I have chosen to have performed today. I have furthermore realized that results of the procedure cannot be guaranteed. I authorize Angel Veterinary Clinic to contact any doctor/hospital that has treated my pet and obtain any medical records that are pertinent to my pet's health and welfare. I have read and understand this authorization and consent: Date: Owner's or Responsible Party Signature:_ Recommended Procedures Fluoride treatment: recommended for healthy puppy or adult teeth after a dental procedure. 2-40lbs - \$15.00 41lbs & over - \$20.00 Microchip Placement: Home Again is a microchip placed under the skin that helps return lost or stolen pets. We will nationally register your pet with the producer of the microchip Home Again. Placement, National Registration, and Activation - \$45.00

Pre-Su	rgical Blood W	ork				
			many conditions tha	t factor into the o	care of your pet prio	r to surgery. The
			which may be sent to			
101101111	CBC (Complet	te Blood Count) he	elps in determining blo	ood clotting, under	lying infections or and	emia. \$55.00
	CBC/Electroly	te & Chemistry P	anel (17) evaluates the	function of the li	ver, kidney, and other	bodily functions
	reducing compl	lication during a pro	ocedure. Good choice	for an animal over	4 years old or have a	diagnosed health
	PRE-Anesthet	ic CBC/Electrolyt	e & Chemistry Panel during a procedure. (A	(10) determines c LT, ALKP, BUN	omplete blood count a , GLU & TP). Test is	and major organ recommended for
	healthy young a	animal under 4 year	rs of age. \$105.00			
	at-risk. \$200.00		+ SDMA (Early	detection of kidr	ey disease) \$225.00	ation for senior pets or
- 313 (32	and Lyme's (Tie	ck-borne diseases).	This is also a great tin	ne to start heartwo	rm and tick preventati	chiosis, Anaplasmosis, we if your pet is not
	Foling Foly/Air	g a preventative. \$4	and immunosunaressi	ve disease are sore	ead from cat to cat, mo	other to kittens, sexual
	contact, or wou	ands from fighting. cating the surgical p	Anesthesia lowers the	immune system w	hich can cause the fel	ine to express the
	_ Total Thyroid		nosed thyroid patients,	, or for patients tha	t are gaining weight, l	have an increase in
	Decline Blood		d Work is Optional)			
Altern	ative Anesthesi	ia Package			1.0	mei#O.
If your	pet is receiving	a procedure requ	iiring the administra	tion of anesthetic	c, we want you to ki	now that the highest
level of	f care will be pr	ovided to ensure	that this will be as s	afe as possible. A	Anesthesia is norma	lly the biggest risk
incurre	d with most sur	geries. We make	the alternative anest	thesia options av	ailable; this option i	s determined by the
owner o		ir budget and des				
•	Our normal p	rocedures use Iso	flurane Anesthesia.	This is included	in the surgery fee.	
	Sevoflurane A	Anesthesia is an a	nesthetic agent which	ch allows pets to	go to sleep quicker	and easier, and wake
	up faster and	less time is spent	in recovery. This m	akes for a more	pleasant experience	for your pet and is
	normally reco	mmended for gen	riatric (elderly) pation tory conditions. The	ents over the age additional cost	of 7 years, pet is less for Sevoflurane is as	s follows:
	TO USE SEV	O IT IS ADDIT	TIONAL PRICING	THAT IS ADI	DED TO THE SUR	GERY PRICES
	0-10lbs	\$65.00	11-20lbs	\$75.00	21-30lbs	\$85.00
	31-40lbs	\$95.00	41-50lbs	\$105.00	51-60lbs	\$115.00
	61-70lbs	\$135.00	71-80lbs	\$145.00	81-90lbs	\$155.00
	91-100lbs	\$175.00	101lbs & up	\$185.00	ogia)	
		set forth above.	ned eachmong from			scessigne as extension
Post-O	perative Pain	Medication (PO)	PM) For Pain			
Studies	have shown th	at pets recover fa	ster, suffer less pain	and experience	less inflammation w	ith pain
manage	ement medication	ons bee moles of				e ampleyed as decine
ed on	Canines recei	ve a pain medica	tion injection at the	time of the proce	edure and are sent he	ome with chewable
	pain and anti-	inflammatory me	edications for 5 days	dominos et simil		
	Felines receiv	e an injection of	pain medication tha	t provides comfo	ort for 5-7 days.	
•	Pain manager	ment is REOUIR	ED for all surgical	procedures unles	s otherwise directed	l by a veterinarian.
•	Pain manager done.	ment is offered or	n as needed basis for	dental procedur	es, and is only give	n if extractions are
	0-10lbs	\$45.00	11-25lbs	\$50.00	26-50lbs	\$55.00
	51-75lbs	\$65.00		\$70.00	101lbs & up	\$75.00
	Coto	\$45.00 50.00	(Depending on weig	ht) disparind kal	statent; recentiment	on shinoals o
	A	ccept POPM - R	equired for all Sur	gical Procedure	es and as needed fo	r Dental Procedures
		-				15
Signed	: <u>te 30 izol crust</u> s	serdan seb oide	oip pioned underste		Date:	FEBRUARIS O
-						Street transfer

pass. We will rationally register your pet with the producer of the metrockip Home Again.

Angel Veterinary Clinic

Laser Surgery Consent Form

As part of our commitment to quality care, we are pleased to offer Laser Surgery as an option for safe comfortable treatment for your pet. We feel that Laser Surgery provides the best possible care for your pet.

The benefits of Laser Surgery are:

- Less Pain The laser seals nerve endings as it "cuts", so your pet may require fewer anesthetics during the
 operation, also reducing pain after surgery.
- Less Bleeding The laser seals small blood vessels during the surgery, greatly reducing blood loss.
- Less Swelling- The laser energy does not crush, tear or bruise the tissue because there is no physical contact with the tissue.

Your pet will be treated with a carbon dioxide laser, which produces an invisible beam of light that can remove a precise layer of tissue at one time. This can reduce your pet's post- operative recovery time, leading to a quicker return to normal activities.

* III
 Yes, I want my pet to have laser surgery and understand the costs listed below are in addition to norr surgery costs.
* Level I: \$ 45.00 (spays, neuters, minor skin lesions such as warts, etc.)
* Level II: \$ 65.00 (declaws, larger mass removals, orthopedic, etc.)