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## SURGERY/ANESTHESIA CONSENT FORM

Owner Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Procedure: \_\_\_\_\_  
Today's Contact Phone Number(s): \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY AND CHECK THE APPROPRIATE BOXES

Your pet is scheduled for anesthesia/surgery. Since anesthesia or surgery is not without risk, The American College of Veterinary Anesthesiology states that all animals should have presurgical blood screening and EKG performed before anesthetic is administered. These tests are similar to those your own doctor would run when you undergo anesthesia. In addition, the results of these tests serve as reference values for future use should your pet become ill. For the safety, comfort, and wellness of your pet, Paws Veterinary Clinic recommends the following services for your pet:

### Safety Service #1

Presurgical chemistry screening  
(tests liver and kidney values)

### Safety Service #2

Presurgical chemistry screening  
Presurgical EKG  
(tests electrical activity of the heart)

*Recommended for patients over 5 yrs old*

### Safety Service #3

Presurgical chemistry screening  
Presurgical EKG  
Presurgical CBC  
(tests for infection, blood clotting status, Anemia)

CHECK ONE:     Safety Service #1     Safety Service #2     Safety Service #3

I have elected to have you proceed with anesthesia without choosing the recommended pre-anesthetic services.

For the protection of our staff, your pet needs to be current on rabies vaccines. We accept copies of medical records or rabies certificates as proof of current rabies from a verified source, or we will administer the rabies upon admission to our facility.

Yes, current on rabies vaccine      Verified current by: \_\_\_\_\_ (staff member)

No, my pet is not current on rabies and will need a vaccine today.

**We are a flea and tick free facility; all pets are required to be flea/tick free. If they are found to have flea/ticks, they will be treated with Vectra 3-D or Frontline at the owner's expense. If your pet is being spayed and is found to be in heat, do know that there will be an additional charge for the spay.**

ARE THERE ANY OTHER SERVICES YOU WOULD LIKE PERFORMED TODAY? (At additional expense)

Exam of specific problem     Anal gland expression     Toe nail trim     Update vaccines for \_\_\_\_\_

Micro chipping     Puppy tooth pulled     Heartworm test     FeIv/FIV/HW test (cats/kittens)

## CONSENT FOR SURGERY

I, the undersigned, am over the age of eighteen and am the owner/agent for the animal(s) listed above and have the authority to execute this consent. I understand that during the performance of the above listed procedure(s), unforeseen complications may arise which necessitate an extension of the above procedure(s) or different procedure(s) other than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. *If the patient needs emergency or resuscitative procedures, those will be performed immediately upon need, unless the owner has previously requested to the contrary.* I understand that I am responsible for all reasonable costs incurred regarding this animal.

Signature of Owner/Agent \_\_\_\_\_ Date: \_\_\_\_\_