

**Mountainstone Veterinary Hospital, PC**

1626 Stuart Road - Cleveland, TN 37312 - (423)559-9911

**Please read carefully and answer all questions.**

**CONSENT FOR SURGERY**

Date \_\_\_\_\_ Owner \_\_\_\_\_

Phone number to call after surgery \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

**SURGERIES OR TREATMENTS REQUESTED**

Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Dental \_\_\_\_\_ Cat Declaw 2 feet \_\_\_\_\_ Cat Declaw 4 feet \_\_\_\_\_ Other \_\_\_\_\_

List any other treatments you would like for your pet while in our hospital such as a nail trim, bath, check anal glands, heartworm test, feline leukemia test, vaccinations, microchipping, etc.

When was the last time the patient had anything to eat or drink? \_\_\_\_\_

I understand there is a minimum additional charge of \$20 for spays pregnant or in heat \_\_\_\_\_ (initial)

I also understand the Mountainstone Veterinary Hospital is a FLEA FREE hospital and we are authorized to administer a Capstar for treatment if my pet is found to have fleas for a charge of \$6.25 \_\_\_\_\_ (initial)

**PRE-SURGICAL LAB SCREENING TEST (additional charge of \$80)**

This blood test evaluates your pet’s organs prior to administration of anesthesia for surgery.

I understand my pet is **5 years and older** and is **required** blood work prior to anesthesia. \_\_\_\_\_ (initial)

I understand my pet is **less than 5 years old** and I **authorize** blood work prior to anesthesia. \_\_\_\_\_ (initial)

I understand my pet is **less than 5 years** old and I **decline** blood work prior to anesthesia although it is highly recommended. \_\_\_\_\_ (initial)

I understand if blood work indicates that IV fluid therapy is needed for the safety of my pet, I authorize fluids for a \$46 charge \_\_\_\_\_ (initial)

**PRESCRIPTION PAIN MEDICATION (for an additional charge)**

**YES**, I authorize the use and prescription of pain medications for my pet after surgery. \_\_\_\_\_ (initial)

**NO**, I do not want any pain medications prescribed for my pet. \_\_\_\_\_ (initial)

**Due to the pain associated with some procedures, pain medicine is required for the humane treatment of your pet.**

As the owner of this patient, I authorize the staff of Mountainstone Veterinary Hospital, PC to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies related to this care. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction, have not guaranteed any results, and cannot be held responsible for any unforeseeable results. I accept the conditions of treatment that this veterinary practice has explained to me and will provide for my pet.

Signature of Owner/Agent/Guardian

Date