

\*\*\*NO FOOD AFTER 6PM THE EVENING BEFORE PROCEDURE\*\*\*  
Drop off between 8:00 and 8:30am the morning of procedure

**Veterinary Clinic, P.C.**  
2504 W. Burlington  
Fairfield, IA 52556  
[www.vetclinicpc.com](http://www.vetclinicpc.com)

## **SURGERY CONSENT FORM**

\_\_\_\_\_  
**CLIENT**

\_\_\_\_\_  
**PATIENT**

\_\_\_\_\_  
**PROCEDURE**

\_\_\_\_\_  
**DATE**

### **PRE-ANESTHETIC BLOOD TESTS**

Your pet is scheduled for a procedure that will require a sedative and/or anesthesia. We always recommend a pre-op blood profile to ensure that your pet is in a low risk category prior to anesthesia. These tests can help rule out pre-existing conditions in the liver, kidney and blood cells that may not be apparent on physical examination, and will serve as reference values for future use should your pet become ill. (Cost \$69.70) (Senior pets SDMA test +\$14.00)

- YES**- Please complete the recommended blood tests prior to administering anesthesia.  
 **NO**- I decline the recommended blood tests, but permit you to perform the procedure.

### **ELECTROCARDIOGRAMS (ECG)**

An electrocardiogram (ECG) is a computer analysis of the rate, rhythm and electrical output of the heart. An ECG is recommended prior to anesthesia to assess cardiac function and to minimize anesthetic risk due to heart related conditions. (Cost \$38.45)

- YES**- Please perform an ECG on my pet prior to administering anesthesia.  
 **NO**- I do not want an ECG performed on my pet.

### **INTRAVENOUS CATHETER AND FLUID THERAPY**

Intravenous (IV) catheters and fluids are used to help maintain blood pressure and hydration, which can be crucial to recovery. This becomes more important as an animal ages, if it has certain pre-existing conditions or if anesthesia and surgery are lengthy. It is recommended that an IV catheter be placed and fluid therapy be started prior to your pet's procedure. The cost of an IV catheter, IV fluid line, fluids and fluid administration is \$81.50

- YES**- Please provide fluid therapy during my pet's procedure.  
 **NO**- I do not want to have this supportive procedure at this time.

### **THERAPEUTIC LASER THERAPY**

Therapeutic Laser Therapy may be used following surgery to accelerate tissue repair, regrowth and reduce pain at the incision site (Cost \$13.75)

- YES**- Please provide Therapeutic Laser Therapy following surgery.  
 **NO**- I do not want laser therapy performed on my pet.

**PAIN MANAGEMENT**

Pain medications are recommended for all surgical patients. The cost of pain medications for elective procedures (**\$31.25-46.00**) will vary depending on the size of the patient and the medication used.

**YES** - Please administer and dispense pain medication for my pet.

**NO** - I do not want pain medication administered to my pet.

**VACCINATIONS/TESTS (DOGS)**

**YES**  **NO**- **RABIES: Required** for all dogs over 3 months of age. Please provide documentation of prior vaccination.

**YES**  **NO** - **DHLPP**: Recommended for all dogs.

**YES**  **NO**- **TRACHEOBRONCHITIS**: Recommended for all dogs (especially those that travel or are boarded).

**YES**  **NO**- **LYME**: Recommended for dogs exposed to ticks.

**YES**  **NO**- **LEPTO**: Recommended for all dogs

**YES**  **NO**- I would like my dog to have a heartworm blood test.

**YES**  **NO**- I would like me dog to be microchipped.

**VACCINATIONS/TESTS (CATS)**

**YES**  **NO**- **RABIES**: Recommended for all cats.

**YES**  **NO**- **FVR-CP**: Recommended for all cats.

**YES**  **NO**- **LEUKEMIA**: Recommended the first year, and for cats that spend time outdoors.

**YES**  **NO**- I would like my cat to have a FeLV / FIV / heartworm blood test

**YES**  **NO**- I would like my cat to be microchipped.

**I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the rabies vaccination, this may be done upon hospitalization and added to the cost of the above procedure(s)**

***\*\*\*To protect the other pets in our facility, if fleas are detected on your pet, your pet will be treated for fleas at your expense.\*\*\****

\_\_\_\_\_  
Contact #

\_\_\_\_\_  
Alternate #

\_\_\_\_\_  
Signature