**Consent for Surgery and/or Anesthesia**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure:**

**Contact Name(s) and Number(s):**

**Wellness Options:**

**1**. Your pet is scheduled for anesthesia in conjunction with surgery, dentistry, or some other diagnostic procedure. As added insurance for successful anesthesia and surgery, we **strongly recommend** pre-surgical blood work to rule out existing medical conditions that **may not be physically evident**, but could lead to complications. Below we offer three options, but also reserve the right to perform any appropriate tests if we deem such necessary. We will attempt to contact you prior to this, but will continue if we cannot.

 YES, I desire Basic Pre-Surgical Panel (10 tests + CBC) to check major organ functions.

 [ ]  Cost $77.00 (Discount of $82)

 YES, I desire an Expanded Pre-Surgical Panel (17 tests + CBC) to check major organ and metabolic function.

 [ ]  Cost $117 (Discount of $91)

 NO, I decline the recommended blood tests, but complete the required tests.

 [ ]

**2**. An EKG (electrocardiogram) is a test to evaluate the condition of the heart and helps to identify heart abnormalities. Certain breeds (Dobermans, Boxers, Danes, Rottweilers), older pets (7 yrs or older) and pets with heart problems (such as murmur’s) are at higher risk. *All* pets are recommended to have an EKG since it will show problems not evident on examination.

 YES, please check my pets’ heart. NO, do not check my pets’ heart unless required.

 [ ]  Cost $51.00 [ ]

**3.** Please note: If your pet has any evidence of fleas he/she will be given a flea treatment at our clinic. This is a mandatory procedure and we will not permit your pet to be hospitalized without first treating him/her. The cost of the treatment will be your responsibility at the time of pick up and is estimated between $5.00 and $10.00.

[ ]  Yes, I understand that if my pet has any evidence of fleas he/she will be treated today in order to be hospitalized and that the cost is my responsibility.

**Comfort Care Option:**

**1.** Laser surgery is superior because it is much **less painful**, causes much **less swelling**, and results in much **less** **bleeding**. This translates into a faster recovery with fewer side effects. We understand that surgery causes pain, but the laser makes surgery as pain-free as possible, so we feel this is the best choice for your pet’s comfort. (Note: some surgeries are only performed with the laser.) This option also includes Cold laser therapy which **improves and promotes healing**, **relieves pain**, and provides **shorter patient recovery time**.

 Please perform surgery with the CO2 laser No, do not use Laser on my pet

 and use Cold Laser Therapy. [ ]

 [ ]  Cost $83 Additional surgery sites $10 each

**Are there any other services you would like performed today?**

[ ]  We recommend your pet be permanently identified with a microchip if not done previously. Cost $51.99

[ ]  We recommend a fecal examination to insure your pet is rid of internal parasites. Cost $23

[ ]  We recommend all age cats be tested for FELV/FIV. Cost $60

 I consent to the administration and use of drugs for anesthesia and/or conscious sedation and other drugs necessary to perform my animals’ procedure. The use and risks of the anesthetics and anesthesia-related drugs have been explained to me prior to the procedure. I understand that there are inherent risks (including death) associated with any anesthesia or sedation procedures. I appreciate that certain physical and/or metabolic conditions may exacerbate anesthesia and/or surgery. Such conditions include: age, body condition, individual variation, and on-going illness or existing problems. I realize that during the course of the procedure, circumstances may arise which may require an extension of the planned procedure or the performance of such other procedures as the veterinarian in the exercise of his professional judgment decides are necessary. I am satisfied with the plan of management and had the likely fees explained to me and accept responsibility for payment of these fees at the time of discharge. I agree that any fees owed to the veterinarian shall be paid within 30 days of the billing for services performed. Any amount due and owing after 30 days will be turned over to collections and shall incur interest at the rate 7% annually, which should be payable along with the principal amount owed to the veterinarian. Interest shall continue to accrue on the unpaid balance until the total amount is paid in full. I agree to indemnify the Chippewa Animal Clinic, its servants or agents, from any loss or liability which may occur as a result of any inaccuracy whether intended or otherwise in this, my solemn declaration.

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| --- | --- | --- | --- |
| Signature of Owner: |   | Date: |   |

**NOTE: THERE WILL BE NO VETERINARY STAFF ON PREMISES FROM 6:00PM TO 7:30AM.**