



Elmore Road Veterinary Clinic

Surgery Consent Form

Owner's Name: _____ Patient's Name: _____

Phone Number: _____ Patient's Age: _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby give Dr. Brandy Ellis, the Elmore Road Veterinary Clinic, and any authorized agents, staff, or representative's consent and authority to perform the following procedures or operations:

I understand that my pet will receive an IV catheter and IV fluids during the surgical procedure and appropriate pain relief medication needed before and after the procedure. I have been informed that there are risks associated with the use of any medication.

Has your pet been off food and water for at least 8 hours? YES or NO

If your pet is being spayed and is in heat, there will be an additional charge!

Additional Costs

- Pre-anesthetic Blood Screening:** Why is preventative care screening important before surgery? The picture of your pet's health isn't complete without comprehensive testing. These tests often detect illnesses that cannot be discovered with a physical exam alone. We strongly recommend that all patients receive pre-anesthetic blood screening and such blood work is **mandatory for all animals age 7 or older.** What preventative test will be run on my pet?

Complete blood count - anemia, infection, clotting

Biochemical profile - kidneys, liver, pancreas, blood sugar, hydration status

The total cost of pre-anesthetic blood work: \$ 46.00

The tests that we recommend are similar and equally important as those that human physicians run on their patients. After we run the tests, we can help you understand your pet's current health status and common conditions your pet could face, and discuss a regular monitoring plan.

Please complete the recommended testing for my pet.

SIGNATURE OF OWNER: _____

I decline the recommended tests at this time. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected.

SIGNATURE OF OWNER: _____

1. **For cats, we recommend testing for Feline Leukemia and Feline AIDS. The cost for this test is \$38.00.**
 My cat has already been tested. The test results were: ___ Positive ___ Negative
 Yes, I want my cat tested

2. **For dogs, we also recommend testing for Heartworms. Heartworms are transmitted through mosquitoes and are very damaging to your dog's health. The cost for this test is \$18.00**
 My dog has already been tested. The test results were: _____Positive_____Negative
 Yes, I want my dog tested

3. **Healing Laser:** We now offer post-operative laser therapy for surgical incisions to aid in healing and pain control after surgery. This greatly decreases healing time and infection.
 Yes, I want my pet to have laser therapy. Cost is \$10

4. **DataMars PetLink Microchip:** The Permanent DataMars Microchip is a very simple and safe way to permanently identify your pet. By registering, your pet will be entered into the DataMars National Pet Recovery Database, and have access to a 24/7 emergency hotline staffed with licensed ASPCA veterinarians. The total cost of the DataMars Microchip and registration fee: \$50.00

 Yes, I want DataMars PetLink Microchip

5. **Elizabethan Collar:** To ensure that your pet will not chew or lick open a new surgical site, an Elizabethan collar is available. This small investment could save you the added cost to have the site repaired. The total cost of an Elizabethan Collar: \$15.00

 Yes, please send home a collar

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

You are to use all responsible precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand I assume all risks. **I agree to pay for in full for the services rendered.**

Client Signature _____ Date _____