



SURGERY CONSENT FORM

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

SURGICAL PROCEDURE

Feline	Declaw only	2 paw	4 paw	
	Ovariohysterectomy (spay)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Orchidectomy (neuter)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spay & declaw	2 paw	4 paw	
	Neuter & declaw	2 paw	4 paw	
	Dental			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Canine	Ovariohysterectomy (spay)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Orchidectomy (neuter)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dental		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSENT FOR TOOTH EXTRACTIONS

In many gum disease cases, especially grades III and IV, extraction of teeth is necessary to prevent further infection and diseased teeth. **Extractions will result in additional charges.** We will make every effort to save each tooth. You may ask a staff member for a written estimate of these charges.

May we extract teeth if necessary? Yes No Call first

Owner/Agent Signature: _____

MEDICAL HISTORY

Does your pet have any pertinent medical history? _____

(Note: There may be an additional charge if your pet is in heat, obese, or a giant breed)

Canine	Tested for Heartworm Disease within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
	Currently on HWP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Current on immunizations (DHPP, Rabies, Bordetella)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
(Note: Your dog must be current on Rabies and DHPP immunizations)				

Feline	Tested for Feline Leukemia and Feline Immunodeficiency Virus (Feline AIDS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
	Current on immunizations (FVRCP, Rabies)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
(Note: Your cat must be current on Rabies and FVRCP immunizations)				

Other services needed: _____

SURGICAL OPTIONS

As with any surgery requiring general anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we offer the following additional surgical options:

		COST	ACCEPT	REFUSE
Microchip	Permanent Identification (includes activation fee)	\$49.50		
E-Collar	Cone to prevent from licking/chewing at a surgery site, wound, or dressing.	\$10 - \$40 <i>Price varies</i>		

AGE	SAFETY PACKAGE PROCEDURES	COST	ACCEPT	REFUSE
Under 7 years of age	Anesthetic Safety Screening Blood Tests (Liver/kidney screen, CBC, platelet count) IV catheter and fluid therapy, nail trimming	\$119.50		
Over 7 years of age (Minimal surgical requirement)	Anesthetic Safety Screening Blood Tests (CBC plus platelet count, liver/kidney/diabetes profile, hydration), IV catheter and fluid therapy, nail trimming	\$117.50	Required	

If antibiotics/ medications are required, which form do you prefer if given a choice? Liquid Tablet

I am aware of the risks involved with anesthesia and surgery (including possible death) and understand the information presented in this surgery form. I give Four Paws & Hooves Veterinary Clinic veterinarians and staff permission to proceed with the surgery. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization. I agree that additional charges will accrue if my animal is not picked up on the day he or she is ready to be released from the clinic. I will be responsible for all charges incurred. If I neglect to contact/pick up my pet(s) within 7 days of pick-up-date, Four Paws & Hooves Veterinary Clinic may assume my pet has been abandoned and is hereby authorized to do with the pet(s) as deemed best (including euthanasia). I understand that all veterinary services are to be paid for at the time of such services are provided. All unpaid checks and delinquent accounts will be transferred to a collection agency.

I understand that when my pet is discharged from surgery, I will be given go home instructions and these will be reviewed with me before leaving the clinic by a veterinary nurse. These instructions are meant to aid in my pet(s) having a smooth and uneventful recovery. I understand that if the instructions are not followed it may result in complications in the healing process and my pet(s) may need further treatment at an additional cost.

If fleas are found on your pet we will automatically administer prevention and it will be an additional charge. It will kill all fleas present on your pet. We do this in the best interest of your pet as well as others in the hospital.

Should unexpected life-saving emergency care be required in my absence, I want the doctors and staff to:

Resuscitate my pet DO NOT resuscitate my pet

Estimate for Surgery \$ _____ to \$ _____ Owner/Agent Initials: _____

Owner/Agent Signature: _____ Date: _____ Staff Initials: _____

Phone number where you can be reached **DURING** the surgery: _____