



Surgery Consent Form

Surgical Procedure

Feline	
Canine	

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 staff member for a written estimate of these charges.

May we extract teeth if necessary?

YES _____	NO _____	CALL FIRST _____
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Medical History

Does your pet have any pertinent medical history?

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

Canine	Test for heartworm disease within the year _____ Currently on HWP? _____ Current on immunizations (DHPP, Rabies, Bordetella) _____
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Feline	Test for Feline Leukemia and Feline Immunodeficiency Virus (Feline AIDS) _____ Current on immunizations (FVRCP, Rabies) _____
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Surgical Options

Microchip_____

E-Collar_____

Bloodwork (if under 7 years of age)_____

If required medications do you prefer liquid or tablet_____

Safety Package Procedures Required

Over 7 years of age Anesthetic Safety Screening Blood Test (CBC plus platelet count, liver/ kidney/ diabetes profile, hydration) IV catheter and fluid therapy

Should unexpected lifesaving emergency care be required in my absence, I want the doctors and staff to: Resuscitate my pet _____ DO NOT resuscitate my pet_____
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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 Veterinary Clinic veterinarians and staff permission to proceed with the surgery. Further, I understand I am financially responsible for all the 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 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; you will then be responsible for all attorney fees, court and finance charge of 1.5% per month or 18% annually.

I understand that when my pet is discharged from surgery, I will be given go home instructions. 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.

Client Signature_____ **Date**_____