

Office use only:

Pet Weight _____
Was pet fasted? Y / N _____
Were meds given? Y / N _____
Procedure _____
Receptionist/Tech Initials _____

PALMYRA VETERINARY HOSPITAL

1215 Canandaigua Road
Palmyra, N.Y. 14522
315-597-4567

CANINE SURGERY AND DENTAL CONSENT FORM

Label

Office Use Only

NEW PATIENTS

If this is your pet's first visit with us, there will be a charge for a full physical examination of your pet to insure that there are no existing health problems that could possibly complicate the procedure you have scheduled. There will be a charge for this exam.

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We perform a presurgical blood profile to check for adequate numbers of red and white blood cells and to check for possible kidneys and liver problems.

Complete presurgical blood tests you recommend.

ANESTHETIC MONITORING / FLUID THERAPY

All surgical patients are monitored under anesthesia with a blood pressure and respirator monitor and receive subcutaneous fluids during surgery. We recommend an IV catheter and fluids to enhance the safety of this procedure by maintaining blood pressure and kidney function.

CATHETER / IV FLUIDS or SQ FLUIDS

PAIN MEDICATIONS

Pain medications are administered to all surgical patients both in the hospital and at home.

RECOMMENDED TESTS

FECAL TEST For dogs that have not been tested within the past year.

YES Please provide a fecal examination for my pet. I understand there is a charge for this test.

HEARTWORM TEST: For dogs older than 6 months, and born prior to last October. For adult dogs that have not been tested within the past year.

YES Please test my dog for Heartworm. I understand there is a charge for this test.

VACCINES

We require that all pets are current on their Rabies and Distemper vaccinations.

There will be an exam charge if a physical exam is not current and/or vaccines are given.

If fleas are seen on your pet, Advantage will be applied while he/she is in the hospital at the owner's expense.

YES, please administer the following vaccines: DISTEMPER RABIES KENNEL COUGH

*Occasionally, a pet can have a reaction to the vaccines. The reaction can be as mild as a few hours of being a bit lethargic to, in very rare cases, death from anaphylactic shock. It is impossible to predict which pets are prone to vaccine reactions; however, every effort will be made to treat your pet, should a reaction occur. **If you are aware of your pet having had a vaccine reaction in the past, please let the doctor know so that precautions can be taken.**

DENTAL PROCEDURES

Occasionally tooth extraction(s) are necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. There is an additional charge for this procedure. If you would like to be called to discuss any necessary extractions, please let us know now, and leave us a number where you can be reached.

Do you authorize tooth extraction(s) or repair without contacting you first? YES NO*

**If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures.*

PERMANENT IDENTIFICATION

We can implant a microchip into your pet as a permanent form of ID. This simple procedure can be performed while your pet is here today. The cost for the surgical implantation of the chip is \$45.00.

Does your pet have a microchip? Yes ___ No ___ Would you like a microchip implanted today? Yes ___ No ___

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 combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: _____ PHONE # _____ Witness to Signature: _____ Date: _____