



MISSOURI VALLEY VET  
COMMERCE PINEHURST MANDAN

Date

11/12/2022

### ADMISSION INFORMATION AND CONSENT TO SURGERY

Client Name: <<Clients.First Name\P1\L20\UNT>> <<Clients.Last Name\P1\L25\UNT>> Acct No# <<Clients.Client Account ID\P1\L11\UNT>>

Staff admitting:

Authorized surgical procedure:

Additional Procedures requested:

Medical Conditions:

Current medications and last dose given:

I hereby acknowledge that a trained staff member has recommended the following laboratory test(s) and extra measures of safety for my pet today.

☐ Accept ☐ Decline ☐ Done Recently

**Pre-Anesthetic Profile:** Provides information on kidney, liver and additional organ function. \$82.00.

☐ Accept ☐ Decline ☐ Done Recently

**Coagulation Profile:** Evaluates blood clotting times. \$38.00.

☐ Accept ☐ Decline ☐ Done Recently

**Feline Leukemia and Immunodeficiency Virus test** \$69.00.

☐ Accept ☐ Decline

**IV Catheter & Fluids:** An extra measure of safety during anesthetic procedures. Approximately an additional \$80.00.

☐ Accept ☐ Decline

**Dental Extractions:** Additional \$35.00 up to \$135.00 per tooth.

**Mass Removals:** Number of masses to be removed

Location verified by:

☐ Accept ☐ Decline ☐ Dr Discretion

**Histopathology:** Approximately an additional \$168

#### CONSENT TO SURGERY

I hereby authorize the veterinarian and trained staff on duty to perform the above procedure(s) on my pet. They are authorized to administer pain relief medications, sedatives, and/or anesthetics as they consider appropriate for the procedure(s) and provide medical, radiological, surgical, nursing, diagnostic, and/or emergency care as they consider appropriate in connection with the procedure(s).

I hereby acknowledge that I fully understand the risks, including that the use of anesthesia as part of the procedure(s) may cause injury or death to my pet. I also acknowledge that the veterinarian can not guarantee that the procedure(s) will be successful.

As the pet owner or the owner's agent, I hereby agree to pay in full for the services rendered, including those deemed necessary for medical or surgical complications or for unforeseen circumstances. **I agree to pay the cost of the procedure(s) in full before the pet is released to me and regardless of whether the procedure was successful.**

**Please select an option below:**

☐ Treat my pet as needed, I will assume responsibility for all charges.

☐ Contact me if further treatments are recommended or needed. I understand that if I cannot be contacted my pet will not receive further medical treatment unless it is life-threatening.

**Do you have any questions/concerns regarding your pet's procedure?** ☐ Yes ☐ No

Phone number I can be reached at: