



GERIATRIC ADMISSION INFORMATION AND CONSENT TO SURGERY

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

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 **Coagulation Profile:** Evaluates blood clotting times. \$37.00

Accept Decline Done Recently **Feline Leukemia and Immunodeficiency Virus test** \$58.50.

Accept Decline **Dental Extractions:** Additional \$35.00 to \$135.00 per

Mass Removals: Number of masses to be removed [] Location verified by: []

Accept Decline Dr Discretion **Histopathology:** Approximately an additional \$165.00.

CONSENT TO SURGERY

I hereby authorize the veterinarian and trained staff on duty to perform the above procedure(s) on the 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(s) was successful.**

We **require** a pre-anesthetic profile be performed immediately prior or 90 days preceding the surgery date and administration of anesthesia for pets over 10 years of age. These tests can help us detect conditions that can contribute to complications with anesthesia (e.g. dehydration, diabetes, liver, or kidney disease). The cost for bloodwork is \$80.00. We also **require** an intravenous catheter & fluids on pets over 10 years of age during surgery/anesthesia. This allows us to maintain blood pressure during the procedure and provide access for medications in case of an emergency. The cost for a intravenous catheter and fluids is approximately \$78.00.

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.

[]

Phone number I can be reached at:

[]