



### 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. \$80.00.

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 **IV Catheter & Fluids:** An extra measure of safety during anesthetic procedures. Approximately an additional \$78.00.

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 \$165.00

#### 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: