

Western Animal Hospital

Pre-surgical consent form

Owners Name: _____ Pet Name: _____

Emergency Contact: _____ Phone #: _____

Food/Medication: _____

Last time fed: _____ am/pm Last time medicated: _____ am/pm

Name of medication(s): _____

All items listed below are in **ADDITION** to the base price for surgical procedure:

1) Pre-Operative Blood Screening:

This screening helps us identify potential problems while the patient is undergoing the surgical procedure. The more current the screening, the safer the patient is under anesthesia (\$75)

Standard Panel _____ I decline the screening _____ Dr's Choice _____

2) Sevoflurane:

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure (\$45)

Use Sevoflurane _____ Do not use Sevoflurane _____ Dr's Choice _____

3) I.V. Catheter & I.V. Fluids

The catheter allows direct access to the vein in the case of an emergency while the fluids maintain essential blood flow to the vital organs and promote optimal blood pressure (\$65)

I'd like the I.V. _____ No I don't want the I.V. _____ Dr's choice _____

4) Additional Services:

Vaccines _____ Microchip (\$49.50) _____ Ear Cleaning (\$29.50) _____

Pain management (\$35) _____ Anal Gland express (\$15) _____

Other: _____

EKG monitoring and Corsetry Nail Trim will be included at no additional charge (\$65.50 value!)

For all procedures, please read and sign below:

I, the undersigned, do hereby certify that I am the owner or authorized agent for the owner of the animal named above. I do hereby give Western Animal Hospital, their agents, employees and representatives full and complete authority to perform the medical/surgical procedure and associated anesthesia for the procedure(s) stated above. I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

Signature of owner/responsible agent (must be over 18)

Date