

Churchland Animal Clinic

Pre-Surgical Consent Form

Client ID: _____ Age: _____ Date: _____
Patient: _____ Surgeon: _____
Last Name: _____ Scheduled Procedure: _____

Blood Testing-To reduce risk of anesthesia, we recommend pre-anesthetic blood screening for all patients. The blood work evaluates the internal organs looking for problems that will not be seen with a physical exam. The level recommended by is a reflection of age, wellness of the patient, and the surgical procedure being performed.

		Accept/Decline
Option #1	Checks basic organ function (recommended for patients under 2yrs)	\$108.00 _____/_____
Option #2	More inclusive general health profile (recommended for patients 2-5yrs)	\$119.50 _____/_____
Option #3	Full profile with a complete blood count(required for patients over 5 yrs)	\$132.50 _____/_____

Intravenous Catheter (\$32.50) and Fluid Support (\$44) \$76.50 _____ Initial

All surgical patients will have an IV catheter placed prior to surgery. This allows immediate access to the vein if medications are needed in an emergency. The doctor will determine if fluids are necessary during the procedure. Fluids given during the procedure provide support to the cardiovascular system.

Pain Management - Pain medications can help alleviate any discomfort, reduce stress, and allow for a smooth recovery from surgery. Pain medications will be administered as needed.

*Local Surgical Block - - - - - \$28.00

*Post-Operative Pain Injection - - - - \$26.50

*Oral Pain Medication - Ranges - - \$19.50 – \$50.00 (based on patients weight) _____ **Initial**

Antibiotic Injection \$20.50 - \$25.50 (based on patients weight) _____ Initial

This injection is given immediately following surgery at the doctor's discretion.

Have any medications been given in the past 5 days?

If so please list: _____

Extraction of Teeth during Dental Cleanings-Extracting teeth requires additional time, instrumentation and skill. We will only extract teeth that are not healthy and cannot be saved. There will be an additional charge for extractions depending on the number of extractions. In order to provide optimum care for your pet we require permission to extract teeth prior to your pet undergoing anesthesia. _____ **Initial**

Microchip Implantation \$56.99

A Home Again microchip can be implanted under the skin while is under anesthesia. The microchip is a safe and simple way to permanently identify your pet. The cost includes the \$16.99 registration fee charged by Home Again to register the microchip.

Accept _____ **Decline** _____

I certify that I am the legal owner or agent of the above described animal and do hereby consent and authorize the doctors and staff of Churchland Animal Clinic to perform the above listed surgical, diagnostic, and/or treatment procedure(s) on my pet. The nature of the above listed procedure(s) has been described to my satisfaction. I consent to the administration of any sedatives, anesthetics, analgesics, tranquilizers, or other medications deemed necessary by the attending veterinarian. I understand that no guarantee or assurance has been made regarding the results of the treatment, procedure, anesthesia, or surgery performed. I acknowledge that any surgical procedure, treatment or anesthetic event, even performed on a healthy animal, carries a certain degree of risk and possibility of complications. I accept these risks and direct the doctors of Churchland Animal Clinic to perform said procedure(s). I understand that the staff will make every reasonable attempt to safely and proficiently care for my pet. I also understand that unknown conditions may require additional treatments, procedures, diagnostic tests, or surgery be performed on my pet. I understand that every reasonable effort will be made to contact me, but until I can be contacted, I authorize the staff of Churchland Animal Clinic to perform any reasonable treatment or procedure for my pet deemed necessary by the attending veterinarian. Churchland Animal Clinic or its staff will not be held responsible or liable in the absence of gross negligence if my pet should injure itself, refuse food, soil itself, become ill, or expire while in the hospital.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the above address, you may assume that the pet is abandoned. Churchland Animal Clinic is then authorized to make disposition of the animal as deemed necessary. Abandonment does not release me of my obligation for this bill.

Signature _____ Date _____ Phone # _____