INDIAN CREEK
Veterinary Hospital

Client's/Agent's Name: _____ Patient's Name:_____
PROCEDURE(S): LEFT ▫ RIGHT ▫ _____

SURGICAL CONSENT FORM

I hereby authorize Indian Creek Veterinary Hospital to perform the following procedures, operations, and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian. I am aware of and have been advised as to the nature of the procedures or operations and the risks involved. I understand that no veterinarian at Indian Creek Veterinary Hospital is board certified and I realize that results cannot be guaranteed.

VACCINATIONS REQUIRED FOR SURGICAL PATIENTS

CANINE: Rabies, DHLPP/DHPP, Heartworm Test **FELINE:** Rabies, FVRCP, Heartworm Test, FIV/FELV Test (if not currently vaccinated for FELV) Our most important priority is the health and well-being of the animals and the safety of our employees. For this reason, we reserve the right to decline surgical procedures on any animal that is not current within the last 12 months on vaccines.

PRE-SURGICAL BLOODWORK

As veterinary medicine has advanced, we now have the capability to properly evaluate your pet's health. This blood analysis will help evaluate your pet's ability to utilize and metabolize drugs and anesthetics. The detection of underlying problems before surgery is even more important since our patients cannot always tell us how they feel. The tests we recommend evaluate the major organ functions and other common problems at a particular stage of life. While the performance of these tests does decrease surgical anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk.

Blood Work Panel performed within the last 30 days & approved for anesthesia. Date performed: _____ Dr. Approved _____

PROFILE 1 (*recommended):* SPAY OR NEUTER ONLY: ANIMALS UNDER 3 YEARS OLD (Cost $129)
_____ initial (Approved) – CBC/Chem 10 ____ initial (Declined)

PROFILE 2 (*required):* OTHER SURGERY/DENTAL PROCEDURES: ANIMALS UNDER 3 YEARS OLD (Cost $129)
_____ initial – CBC/Chem 10

PROFILE 3 (*required):* OTHER SURGERY/DENTAL PROCEDURES: ANIMALS OVER 3 YEARS OLD (Cost $189)
_____ initial – CBC/Chem 17 & Electrolytes

I DO ▫ DO NOT ▫ Want **pre-operative pain management** ($13.75 - $94)

I DO ▫ DO NOT ▫ Authorize an **anti-emetic** to be given to my pet prior to Anesthesia (additional charges will apply) (medication such as Cerenia can decrease nausea from anesthetic medications to decrease the risk of aspiration). *ALL BRACHYCEPHALIC BREEDS OR DOGS/CATS THAT ARE HIGH RISK FOR ASPIRATION, AS DETERMINED BY A VETERINARIAN, WILL BE **REQUIRED** TO HAVE CERENIA PRIOR TO ANESTHESIA.* initial _____

I DO ▫ DO NOT ▫ Want my pet to go home with an **Elizabethan-collar**

I DO ▫ DO NOT ▫ Authorize implantation of the a **Microchip** ($40)

I DO ▫ DO NOT ▫ Authorize a **Nail Trim** (complimentary)

I DO ▫ DO NOT ▫ Authorize extraction(s) of any deciduous teeth (baby teeth) at our discretion ($15)

I DO ▫ DO NOT ▫ Authorize histopath submission for any masses removed (minimum $152.75)

I DO ▫ DO NOT ▫ Authorize additional service (i.e. Anal Glands, Clean Ears, Prevention) additional charges will apply:

Would you prefer a **text message** ▫ or **phone call** ▫ or **email** ▫ to let you know your pet is out of surgery?
I have read and understood this consent form. The Agreement to Pay provisions of the "Client Form" which is executed upon the initial registration of a pet, shall apply to the above-referenced services.

_____ _____ _____
Signature of Owner or Agent Date Best Phone Number

**Surgery drop off time is 7:30am – 8:00am. No food or water after 10:00pm the night before or morning of surgery. Please allow 10-15 minutes for patient to be admitted.* *staff initials* _____

INDIAN CREEK VETERINARY HOSPITAL
(FOR HOSPITAL USE ONLY)

VACCINE/TEST	DATE	NEEDS
Heartworm Test		
FIV/FELV/HWT		
IPS		
Rabies		
DHLPP		
DHPP		
Bordetella		
Nasal Parainfluenza		
H3N2/H3N8		
Lyme		
FVRCP		
FVRCP/LEUK		

ADMITTING TECH/ASSISTANT: _____ **WEIGHT:**_____

DIET: _____ **LAST ATE:** _____

MEDICATIONS:

Medication: _____Dose: _____ Last Given: _____

Medication: _____Dose: _____ Last Given: _____

Medication: _____Dose: _____ Last Given: _____

DOES THE PATIENT HAVE ANY KNOWN ALLERGIES? PLEASE LIST

IF PATIENT IS AN UNALTERED FEMALE - WHEN WAS HER LAST HEAT CYCLE?

IF PATIENT IS AN UNALTERED MALE - HAVE BOTH TESTICLES DESCENDED?

IF PATIENT IS HAVING MASSES REMOVED - HOW MANY? WHAT ARE THE LOCATIONS OF EACH AND SIZE?

ADDITIONAL NOTES: