

Client  
Phone  
Patient

Patient  
Species  
Breed  
Weight

Sex  
Age  
Color  
lbs.

### CANINE SPAY SURGERY CONSENT FORM

I hereby authorize to perform Surgical procedure, operation, 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 judgement of the veterinarian.

### VACCINATIONS REQUIRED/NEEDED FOR SURGURY PATIENTS

Rabies 1 Year <input type="checkbox"/>	Distemper 5 in 1 <input type="checkbox"/>	Leptospira <input type="checkbox"/>	Bordetella <input type="checkbox"/>	Fecal Test <input type="checkbox"/>	Lyme <input type="checkbox"/>	Nail Trim <input type="checkbox"/>
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Our most important priority is the health and well-being of the animals and safety of our employees. For this reason, we reserve the right to decline surgical procedure on any animal that is not current(within last 12 months) on vaccines. **NO EXCEPTIONS.**

### RECOMMENDED TESTS

Mandatory for all sick pets & pets over 6 years of age.

<p><b>Pre-Anesthesia Internal Organ Screening Test:</b> Pre-anesthetic blood tests provide vital information about the internal organs like Liver, Kidneys, Pancrease and help us determine anesthesia and its dose. These organs help metabolize anesthetics and help patient recover from anesthesia.</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize <b>pre-surgery internal organ screening tests(Chemistry10) (\$\$\$)</b></p>
<p><b>Pre-Anesthesia Coagulation Test:</b> Screen at risk patients to detect clotting problems during a wellness examination or prior to surgery and avoid bleeding complications during or afterwards. Although there are many factors for coagulations and its not possible to detect all of them in-house but we can test two main factors PT &amp; aPTT and it can help establish if surgery to be performed is safe</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize <b>pre-surgery coagulation test (\$\$)</b></p>
<p><b>Pre-Anesthesia Cardiac Evaluation:</b> An ECG screening is done before anesthesia and sent for a quick review by a board certified cardiologist to help proceed with surgery.</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize <b>pre-surgery cardiac evaluation (\$\$)</b></p>
<p><b>Heartworm &amp; Tick Disease Screening:</b> Heartworm is transmitted by infected mosquito bites. Lyme, Rocky Mountain Spotted Fever, Ehrlichia &amp; Anaplasmosis are common tick borne diseases. We can do a quick in-house test and evaluate your pet for these infectious diseases in less then 10 minutes.</p> <p>I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> Authorize <b>Snap 4Dx (\$\$)</b></p>

### SURGICAL PROCEDURE INCLUDES:

1. Pain injection
2. Antibiotic injection
3. Pain medicine to go home for 3 days
4. Oral antibiotics to go home for 7 days

### RECOMMENDED & NOT INCLUDED

- I DO  Authorize **Exam (\$\$)** prior surgery, I DO NOT  Authorize Exam & accept all the risks & declare my pet is healthy.
- I DO  DO NOT  Authorize an **intravenous fluids(\$\$)**
- I DO  DO NOT  Authorize **fluids(Subcutaneous or i/v if catheter is authorized) (\$\$)**
- I DO  DO NOT  Authorize Home again **microchip(\$\$) 1 year** registration included
- I DO  DO NOT  Authorize a **Elizabeth Collar** to prevent chewing or biting sutures(**starts at \$\$**)
- I DO  DO NOT  Authorize **discharge pain injection (starts at \$\$)**

### ADDITIONAL CHARGES

**Pet in heat, pregnant, infection in uterus, over weight or having ovarian follicular cysts will have addition charges**  
**Suture removal & any post-surgery complications if develop are not included in surgery charges.**

I read and understand this consent/authorization form, please call me at \_\_\_\_\_

Signature of Owner or agent: \_\_\_\_\_

Date: \_\_\_\_\_