Surgery/Growth/Dental Consent Form

Date: _	Pet's Name:	Phone Number for Today:
	ADMINISTER A CAPSTAR FOR FL	BE CURRENT ON THEIR VACCINATIONS & FREE OF PARASITES. WE WILL EAS AND DEWORM FOR ANY PARASITES SEEN. IF VACCINATIONS ARE NOT WE WILL PERFORM THEM AT THE OWNERS EXPENSE.
	arring propaduras	hereby give my consent to North Iredell Animal Hospital, PLLC to perform
	Additional charges wi	ll apply if female is in heat or pregnant at time of spay
extension to and jude to me a	on or variance in the procedures(s) se anesthesia, all pets receive ECG dur- gment in performing the procedure(s and I realize results cannot be guarant	these procedure(s), unforeseen conditions may be revealed that necessitate an et forth above. It is our policy to auscultate (listen to) the heart of every pet ing anesthesia. I expect North Iredell Animal Hospital to use reasonable care) if I am unable to be contacted. The procedure and risk have been explained eed. I am also aware that unforeseen events resulting from the procedure(s) costs incurred regarding this animal.
		d by North Iredell Animal Hospital? Yes or No ions (aspirin, vitamins, etc.).
		Optional(s) for Surgery
Before Occasio could b	onal problems can arise due to pre-ex e critical in deciding if the drug is sai . To avoid these problems we recomm	dal Anti-Inflammatory Drug) to a pet the veterinarian recommends blood tests isting conditions not evident during routine pre-anesthetic examinations. Tests fe to use in a pet and to determine if a pre-existing liver or kidney disease is nend that all surgical cases be screened prior to anesthesia. d you will be billed for them if you mark the corresponding line.
	YES Heartworm Test (for \$50.00	dogs not on prevention; Heartworms can affect surgical outcomes
	YES Pre-anesthetic panel (\$100 Wellness Panel or	,
anesthe	esia. I assume full responsibility for	ase the recommended blood work and ask you to proceed with or my pet.
2 Ont	ional Pain Medication:	
-		t pain medication; however, all patients' pain levels differ. If you feel
		edication please check the appropriate response. If we determine your
-	=	recommend at your post-operative call.
r		my pet" to receive pain medication at a Cost\$(27.00-50.00)
		use the optional pain medication.

5. Companion Laser Therapy
Laser energy induces a biological response in the cells called "photo-bio-modulation" which leads to reduced
pain, reduced inflammation and increased healing speed.
YES, I have elected for "my pet" to received Companion Laser Therapy at a cost of \$(35.00)
NO, I decline Companion Laser Therapy for my pet.
4. IV Catheter (Required for Geriatric Patients, 7yrs or older):
It is hospital policy to place an IV Catheter in any pet over 7 years of age or older during a procedure. Geriatric patients particularly may need IV medications during surgery. The IV Catheter is optional but recommended for dogs and cats over the age of 7 years.
YES, I elect for my Non-Geriatric pet to have this recommended IV Catheter for an additional
Cost \$ 39.27
NO, I do not wish for my Non-Geriatric pet to have an IV Catheter
5. Microchip Identification
Very few pets that are lost find their way home without permanent identification. We can implant a MICROCHIP While
your pet is sedated for a Cost of \$50.00 (This cost includes the one time registration fee)
(YES)(NO)(ALREADY HAVE)
6. Teeth Extractions (retained)
 If your pet has retained puppy teeth which have not fallen out & you give us consent to remove them. Teeth WILL cause bacteria & food retention (allowing for infection in the future) (4)(YES)(NO) If while under anesthesia for the dental cleaning, the doctor deems it necessary to extract teeth, I give permission to proceed with these recommended extractions for additional fees. (Estimate \$30–200)(YES)(NO)
7. Elizabethan Collar:
At times pets may lick, chew or scratch their sutures and /or staples. This can damage the suture site resulting in infection or an open incision. A recheck exam, antibiotics or additional surgery to correct self-inflicted trauma to the site is an additional cost. To prevent this type of damage we recommend ALL surgeries are fitted and sent home with an E-Collar. YES, size my pet for an E-Collar Cost \$ (18-27.00 depending on pet size) NO, I decline the E-Collar and know that I am responsible for additional charges accrued.
8. Growth/Stone Analysis:
I am giving North Iredell Animal Hospital permission to remove my pet's growth/stone and also have it sent to the diagnostic labs for analysis. This is only to determine what the mass is composed of and will not be curative to my pet. Additional Cost (\$178.00 for 1 mass and a cost of \$250 for 2) Initial
I am giving North Iredell Animal Hospital permission to remove my pet's growth/stone BUT NOT to have it Sent to the diagnostic labs for analysis. Initial

I HAVE READ THIS CONSENT FORM IN ITS ENTIRETY: INITIAL ______

North Iredell Animal Hospital is a Flea Free Facility