

Surgery/Growth/Dental Consent Form

Date: _____ Pet's Name: _____ Phone Number for Today: _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS & FREE OF PARASITES. WE WILL ADMINISTER A CAPSTAR FOR FLEAS AND DEWORM FOR ANY PARASITES SEEN. IF VACCINATIONS ARE NOT CURRENT, WE WILL PERFORM THEM AT THE OWNERS EXPENSE.

As owner or agent of the owner of this pet, I hereby give my consent to North Iredell Animal Hospital, PLLC to perform the following procedures: _____

Additional charges will apply if female is in heat or pregnant at time of spay

_____ YES, I do authorize CPR effort for my pet and take on any additional charges that may apply.
_____ NO, I do not authorize CPR (DNR {Do not resuscitate}) efforts currently.

Is your pet on any medications not prescribed by North Iredell Animal Hospital? Yes or No
Please include any over the counter medications (aspirin, vitamins, etc.).

I understand that during the performance of these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedures(s) set forth above. It is our policy to auscultate (listen to) the heart of every pet prior to anesthesia, all pets receive ECG during anesthesia. I expect North Iredell Animal Hospital to use reasonable care and judgment in performing the procedure(s) if I am unable to be contacted. The procedure and risk have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me of my obligation to all costs incurred regarding this animal.

Signature of the owner or agent _____

Optional(s) for Surgery

1.Pre-Operative Blood Work:

Before administering a NSAID (Non-Steroidal Anti-Inflammatory Drug) to a pet the veterinarian recommends blood tests. Occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. Tests could be critical in deciding if the drug is safe to use in a pet and to determine if a pre-existing liver or kidney disease is present. To avoid these problems, we recommend that all surgical cases be screened prior to anesthesia.

This test will be performed, and you will be billed for them if you mark the corresponding line.

_____ **YES** 4DX Test (Dogs) Triple test (cats) (for dogs not on prevention;Heartworms can affect surgical outcomes **\$60**

_____ **YES** Pre-anesthetic panel:(Tests for Kidney,Liver,Glucose,Hydration,Infection/Inflammation (**\$125 Wellness Panel or \$175 Chem 17**)

_____ **NO** I have elected to refuse the recommended blood work and ask you to proceed with anesthesia. I assume full responsibility for my pet.

2. Optional Pain Medication:

All surgeries/procedures may not warrant pain medication; however, all patients' pain levels differ. If you feel that your pet would benefit from pain medication please check the appropriate response. If we determine your pet is painful and would benefit we will recommend at your post-operative call.

_____ **YES**, I have elected for "my pet" to receive pain medication at a **Cost\$(30.00-65.00)**

_____ **NO**, I have elected to refuse the optional pain medication.

3. 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 \$(37.13)**

_____ **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 \$ 40 - \$45

_____ **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 \$55** (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 \$125 w/100% variance) _____ **(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 \$ (25.00-32.00 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 (\$206 for 1 mass and a cost of \$270 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*****