

Elective Surgery Consent Form

Your pet will be admitted for a procedure that will require the use of general anesthesia or sedation. Your pet's safety and comfort are our priority at West Villa Animal Hospital. During surgery, we monitor your pet's vitals extensively to ensure they are pain free and healthy. After surgery, we will continue to monitor your pet to help ensure they have a safe and uneventful recovery. **If fleas are found on your pet, they will be treated at the your expense.**

PRE-ANESTHETIC BLOODWORK

Pre-anesthetic bloodwork aids in the evaluation of your pet's current health. We will test the internal organs and look for anemia. The cost of this service is \$70.50.

If your pet is over 3 years old, this test is REQUIRED.

PLEASE INITIAL:

() YES

() NO, I decline bloodwork at this time.

MICROCHIP

We offer microchipping, with Pet Link, to permanently identify your pet in case they are lost. The cost of this service is \$35.

PLEASE INITIAL:

() YES () NO

LASER THERAPY

We can perform a laser therapy treatment on your pet to speed up healing time. The cost for this would be \$16.20.

() YES () NO

EXTRACTIONS

It is not our policy to call prior to extracting teeth we deem medically necessary for the continued health of your pet. Extractions are \$8.25 per minute. Please initial you understand this policy.

() YES, I understand.

HISTOPATHOLOGY

We can send a sample of any growths removed to Kansas State for analysis. The cost of this test is \$159.50

() YES () NO

PATIENT: <Animal>

OWNER: <First-name> <Last-name>

BREED: <breed>

SEX: <sex>

AGE: <age>

NOTE/OTHER TREATMENTS:

<appt-notes>

To properly prepare your pet for surgery, please answer the following questions.

Has your pet been under anesthesia before? Y / N

If yes, for what? _____

Has your pet had reactions previously? Y / N

If yes, for what? _____

Is your pet fasted (No food after 10 pm)? Y / N

Please list any medications your pet is taking and times given:

I hereby authorize and direct West Villa Animal Hospital to perform the procedure(s) noted above and to administer anesthetic or other drugs as deemed advisable for my pet. I understand the nature of the procedures and the relative risk involved. I authorize West Villa Animal Hospital to provide any appropriate care should an unexpected complication arise.

Signature of Owner:

Phone number:

Email: _____

Would you prefer a phone call () or a text ()

<u>Anesthesia by weight</u>	<u>Feline Surgeries</u>
0-25: \$65.00	Spay: \$160.00
26-50: \$69.50	Neuter: \$110.00
50.1-75#: \$73.50	Declaw-Front: \$200.00
75.1-90#: \$78.00	w/Spay: \$300.00 w/Neuter: \$270.00
91# & over: \$81.00	Declaw- All: \$250.00
	w/Spay: \$375.00 w/Neuter: \$325.00
<u>Canine Neuter:</u>	<u>Canine Spay:</u>
0-25: \$164.50	0-25: \$194.50
26-50: \$184.50	26-50: \$214.50
DATE: 9/9/20	51-75: \$234.50
76-90: \$244.60	76-90: \$264.50
91# & over: \$269.50	91# & over: \$294.50

Staff Initials: _____