

PET _____ CLIENT _____

PROCEDURE _____

SURGICAL CONSENT FORM

FAMILY VETERINARY SERVICES
800 NORTH 7TH STREET
COLDWATER, OHIO 45828

Please provide a telephone number at which we can reach you or a family member? _____
For whom should we ask? _____

THE FOLLOWING ARE VERY IMPORTANT QUESTIONS, PLEASE TAKE THE TIME TO ANSWER THOROUGHLY.

YES NO

____ Did your pet eat or drink anything in the last 8 hours?
____ Are vaccinations current? Location (if not given here) _____
____ Does your pet have any known drug allergies?
____ Has your pet had any illness or injury in the last 30 days? If yes, explain: _____
____ Is your pet on any current medications? If yes, explain: _____

LABORATORY SCREENING

Every animal undergoing anesthesia deserves to be screened for internal problems, not evident by physical exam. These tests ensure that your pet may undergo anesthesia with minimal risk to their health and well being. Please choose from the following in-house test.

A = Approve D = Disapprove Pre-surgical blood work is required for any pet over 7 years of age.

A D

____ Pre-Surgical Bloodwork Will check platelets, red blood cells, white blood cells, and for other conditions such as anemia, infections Liver values (ALT, ALKP), Kidney Values (CREA, BUN), Total Protein, Glucose, Albumin, Globulin. **\$60**
____ Update vaccines?

CATS:

FVRCP Vaccination	Yes	No
Leukemia vaccination	Yes	No
Rabies vaccination	Yes	No
FeLV testing	Yes	No
Fecal Exam	Yes	No
Flea Prevention	Yes	No

DOGS:

Distemper/Parvo	Yes	No
Rabies Vaccination	Yes	No
Kennel Cough Vaccination	Yes	No
Heartworm test	Yes	No
Fecal Exam	Yes	No
Flea Prevention	Yes	No
Heartworm Prevention	Yes	No

~ A complete pre-surgical physical exam will be performed on every animal undergoing anesthesia. The cost for this is **\$30**

~ Please note any concerns you may have, or additional procedures you would like to be performed while your pet is under anesthesia (nail trimming, ear cleaning, vaccines, etc.) _____

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner, whatever the circumstances, in connection, as it is thoroughly understood that I assume all risks.

ALL PAYMENT IS DUE AT THE TIME OF PICK UP

I _____ authorize the above procedures. Date: _____
signature of owner