

Pioneer Animal Hospital

SURGERY, DENTISTRY, & ANESTHESIA CONSENT FORM

DATE: _____ Pet Name: _____

Owner Name: _____ Today's Procedure: _____

Today's Contact Phone Number(s) _____

PLEASE CHECK "YES" OR "NO" ON ALL AVAILABLE BOXES

- For the protection of our staff, we need to know, **Is your pet current on their RABIES VACCINE?**
 YES, When was it given? _____ Clinic Name _____
 NO, Then, would you like us to vaccinate you pet for RABIES today? **YES** **NO**

- To reduce pain, inflammation and accelerate healing of your pet after their surgery today, we offer **Therapeutic Laser treatments post surgically**. This treatment allows your pet to recover faster from their surgery, helping their immune system respond faster creating less scar tissue. Laser therapy is non-invasive and safe. Would you like us to use the Therapeutic Laser Treatment on your pet today? The cost today would be \$18. ___ **Yes** ___ **No**

- **The following are included in SPAY & NEUTER PACKAGES ONLY, at no extra cost:** IV Catheter and Fluids therapy, Nail trims, Ear exam, Ear flushing (when necessary), Fecal examination, and Pain medication for homecare. May we perform and prescribe those for your pet? ___ **YES** ___ **NO** (Cat neuters do not include IV Cather & Fluid therapy. This service is available at an extra cost, please initial the bottom box on form if you wish to include this.)

This Patient has had Pre- Anesthetic Labwork Done. Date _____

This Patient has not had Pre- Anesthetic Labwork done previously

ANESTHESIA CONSENT

I, the undersigned, being of legal age and responsible for the animal listed above, have the authority to grant Pioneer Animal Hospital (PAH) and its agents my consent to receive, prescribe for, treat, and perform surgery upon the above listed animal. I understand that modern techniques, equipment, and trained staff will be used to care for and monitor my pets, however, surgery and anesthesia have inherent risks, and individual animals may respond in unpredictable ways. With any anesthetic procedure there is always a risk of unforeseen serious complications due to anesthesia, the surgical procedure, or the patient condition. It is understood that PAH and its agents will not be held liable for unwanted results.

If in the course of treatment or surgery, a condition is discovered which requires medical attention or additional procedures, it is up to the veterinarian to decide what to do. *If the patient needs emergency or resuscitative procedures, those will be preformed immediately upon need, unless the owner has previously requested to the contrary.* I expect PAH and it's agents to use reasonable care and judgment in performing these procedures, and I understand that I am responsible for all reasonable costs incurred regarding this animal. I understand that the veterinarian can refuse to perform any procedure on any animal for any reason.

I AUTHORIZE C.P.R. _____

I DO NOT WISH TO AUTHORIZE C.P.R. _____

Signature of Owner _____ Date _____

Patient pick up times are between 3:00 p.m. and before 5:00 p. m. the same day, unless other arrangements have been made. Financial responsibility for services rendered is due at time of discharge.

Additional Services Desired While Patient Is Sedated

Please Place an "X" next to any services you desire for your pet today

- Anal Gland Expression Micro-Chipping Heartworm Test Shave Mats Ear Check or Flush
 Flea Treatment Feline Leukemia & Aids Testing (Cats & Kittens) Nail Trims
 Update vaccines (*office staff will inform client what vaccines are due*) _____
 IV Catheter (when not part of the surgical package).