



MADERA
VETERINARY
CENTER

Surgical Consent Form

Date: _____

Client Name: _____ Chart Number: _____ Pet's Name _____

Client Number (H): _____ Cell: _____

Procedure(s): _____

Pre Anesthetic Physical Exam, IV catheter, and anesthetic monitoring (\$150 value)

Included

Pre Anesthetic Blood Work

Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. Help us provide the best level of care for your pet by choosing to perform blood work prior to anesthesia or sedation.

PLEASE CHECK ONE

- Mini Chem w/ Complete Blood Count (CBC) **\$75**
 - Basic internal organ screen (liver, kidneys) with full red and white blood cell count
 - For generally healthy, younger patients
- Full Chem, electrolytes, and CBC **\$145**
 - Full blood work on all major organs, electrolytes, and full red and white blood cell count
 - Indicated for longer anesthetic procedures, sick patients, and pets over 5 years old.
 - ***Note – your vet may require this blood work for some procedures and situations**
- I decline blood work and understand there are **increased risks during anesthesia**

Intravenous (IV) Fluid Support During Anesthesia

Administration of IV fluids during anesthesia helps maintain blood flow to the organs and keeps blood pressure normal. IV fluid support greatly increases the safety of anesthesia. **PLEASE CHECK ONE**

- Administration of IV fluids during anesthesia (covers fluids and IV pump use for short procedures) **\$60**
*Please note some procedures and conditions will need additional IV fluid support for longer periods of time which will be at additional cost. Your pet's doctor may require IV fluids for anesthesia.
- I decline IV fluid support and understand there are **increased risks during anesthesia**

Additional Services While Under Anesthesia

- | | |
|---|---|
| <input type="checkbox"/> Nail Trim and file - \$7 | <input type="checkbox"/> Ear clean if needed - \$15 |
| <input type="checkbox"/> Microchip - \$39 | <input type="checkbox"/> Heartworm test - \$25 |
| <input type="checkbox"/> Express anal glands - \$10 | <input type="checkbox"/> Feline Leukemia/FIV test - \$35 |
| <input type="checkbox"/> Apply topical flea treatment - \$15 | |

Post Operative Pain Medication – vital for a more comfortable post-operative recovery.

- Take home pain medication (enough for 3-4 days) **\$17.50**
**your pet may need a longer course of pain medication for certain procedures which may be an additional cost*

Owner's Initials _____

Tech/DVM initials _____

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Client Name: _____ Chart Number: _____ Pet's Name _____
Procedure(s) _____

ANESTHESIA/SEDATION/PROCEDURE AUTHORIZATION

Please initial after each statement below:

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. _____

I understand that I assume financial responsibility for all services rendered. _____

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures. _____

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Madera Veterinary Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is a extremely small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Madera Veterinary Center, the veterinarians, or any staff member liable for any complications that may arise. _____

I have read and understand this authorization.

Owner/Authorized Agent Signature _____ Date _____

Technician/DVM witness initials _____