

GENERAL SURGERY CONSENT FORM

OWNER OF ANIMAL

Name: _____

Address: _____

Phone: _____

PATIENT: _____

BREED: _____

SPECIES: _____ **AGE:** _____

SEX: _____ **WEIGHT:** _____

Color and markings: _____

*All pets are required to be current on their vaccinations by a veterinarian. Dogs must have their DAPP, LEPTO, Bordetella and Rabies vaccines. Cats must have their FPV and Rabies vaccines. If your pet is not current or you cannot provide documents showing the vaccines were administered by a veterinarian we will administer the required vaccines.

It is our goal to keep all procedures as reasonably priced as possible. Our base price includes the services that we feel are the most important for a successful surgery and a comfortable experience for your pet. There are several other services that we feel are important to offer. They are available at an additional fee.

1. IV catheter and IV fluids-The IV catheter provides quick access to the veins in the event of an emergency. The fluids help keep the blood pressure at a normal level and help to protect the kidneys and liver during surgery. They also can help your pet wake up from anesthesia more quickly. We continue the fluids throughout the surgery and recovery period. This is required for animals 7 years of age or older.

\$79.75 yes _____ no _____

2. Elizabethan collar-This is the lamp-shade looking device that goes on your pets neck to help prevent licking/chewing of the surgery site. Not all pets need this, but it is convenient to have it available if needed.

\$9.75-19.75 yes _____ no _____

3. Microchip-Although this can be installed at any time, it involves a fairly large needle so if done while your pet is under anesthesia and already getting pain medication the procedure is more comfortable. Our microchip includes lifelong registration. Our regular price for the microchip is \$29.50, if it is done today under anesthesia there is a \$5.00 saving.

Chip \$24.50 yes _____ no _____

4. Pre-anesthetic blood testing- We recommend a blood screening test before anesthesia. The tests look for problems like anemia, diabetes, kidney and liver disease. \$89.50 - \$159.50 depending on the health and needs of your pet as determined by our vet. Pets that are 7 years and older are required to have a blood screening prior to anesthesia.

yes _____ no _____

5. Sedatives for home – In order to keep your pet calmer during the recuperation period we can send home sedatives.

\$14.75 yes _____ no _____

6. Toe Nail Trim \$6.75 (reg \$12.75) yes _____ no _____

What (if any) medicines is your pet currently taking? _____

I certify that I own the above described animal and authorize the Fire Mountain Veterinary Hospital to hospitalize said animal. During this time they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments they deem necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital. I understand that there are inherent risks associated with anesthetic, medical, and surgical procedures, including death. I authorize the doctors of the Fire Mountain Veterinary Hospital to initiate care to address these complications should they arise while under their care. In the event of an emergency, the hospital will make every reasonable attempt to contact me so that I am aware of the situation, so that I am involved in medical decisions. The contact phone numbers in the chart are correct. If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Fire Mountain Veterinary Hospital and the staff free of all responsibility and/or liability in the absence of gross negligence. I understand that veterinary staffing is not provided overnight and I am aware that my pet will be unattended during this time. I am aware that there are veterinary hospitals open overnight but I elect to leave my pet at the Fire Mountain Veterinary Hospital instead of pursuing a transfer.

I further realize that I am responsible for payment of all above mentioned procedures/treatments in full at the time of my pet is discharged. If I neglect to pick up the animal within fourteen (14) days of notice that it is ready for release, the Fire Mountain Veterinary Hospital may assume that the animal has been abandoned per sec. 1834.s of the California legal code. In such instances, the Animal Hospital is then authorized to dispose (adopt) of my pet as they see fit. Abandonment, however, does not release me of my obligation for payment of said bill.

I further agree that in case of non-payment, to pay a finance charge of 1.5 percent per month (18 percent per annum), a \$2.00 month billing charge and any and all collection and attorney's fees incurred by the Fire Mountain Veterinary Hospital relating to this manner.

Phone number contact for treatment day: _____

Signature: _____

GENERAL CONSENT

<first-name>

<last-name>

<animal>

Weight _____ Temp _____

DR. _____ TECH _____

| |
|------------------|
| PROCEDURE |
| |

PRE ANESTHETIC INJECTIONS

| | | |
|--|--|--|
| MORP _____ SQ / IV / IM <input type="checkbox"/> | MIDAZ _____ IM / IV <input type="checkbox"/> | BUP _____ IM / IV <input type="checkbox"/> |
| ACE _____ SQ <input type="checkbox"/> | KET _____ IM / IV <input type="checkbox"/> | PROP _____ IV <input type="checkbox"/> |
| TORB _____ SQ <input type="checkbox"/> | DOM _____ IM / IV <input type="checkbox"/> | MET _____ SQ <input type="checkbox"/> |

| |
|-------------------------|
| INJECTABLE ANTIBIOTICS: |
|-------------------------|

ELECTED SERVICES: (TECHS CIRCLE Y OR N)

| | | |
|--|---|--|
| LASER _____ Y / N <input type="checkbox"/> | IV + RATE _____ <input type="checkbox"/> | TNT _____ Y / N <input type="checkbox"/> |
| ECOL SIZE _____ Y / N <input type="checkbox"/> | STAT _____ Y / N <input type="checkbox"/> | CHIP _____ Y / N <input type="checkbox"/> <i>(STICKER HERE)</i> |

MEDICATIONS TO GO HOME

| |
|--------------|
| ANTIBIOTICS: |
| PAIN MEDS: |
| OTHER: |

VACCINES? (TECHS CIRCLE IF NEEDED)

| | |
|---|---|
| K9: DPV __yr <input type="checkbox"/> Lepto yr <input type="checkbox"/> RV __yr <input type="checkbox"/> BVIN1 <input type="checkbox"/> FELINE: FPV __yr <input type="checkbox"/> RV __yr <input type="checkbox"/> LV1 <input type="checkbox"/> | |
| DEWORMING? _____ Y/N | HWT? _____ Y / N <input type="checkbox"/> I.C.? _____ <input type="checkbox"/> PREVENT? _____ ()M |

ADDITIONAL NOTES: _____

POST OP CALL _____ CHARGES IN _____