

Anesthesia and Surgical Consent



Owner Information:

Name (First MI Last): _____

Date: _____

Best Phone Number for Today: _____

Patient Information:

Name: _____ Species: _____ Breed: _____ Sex: _____ Age: _____

Procedure(s): Spay(Female) Neuter(Male) Dental Other-

*Spay & Neuter price includes Surgery, Anesthesia, Post-Op pain meds

Pre-Anesthesia Bloodwork: _____ **Elect**(\$70) _____ **Decline**

Checks the function of the liver and kidneys. This helps the veterinarian to detect the presence of any disease or condition that may cause complications during anesthesia/ surgery and take appropriate measure to reduce any risks. This is strongly recommended for patients over 6 years of age.

IV Catheterization with IV FLUID Therapy: _____ **Elect**(\$40) _____ **Decline**

IV access and IV Fluid therapy helps to increase the safety associated with anesthesia. Fluid therapy allow us to help maintain adequate blood pressure to organs during and immediately following the procedure and can help the patient recover from anesthesia more quickly.

Additional Services:

- Vaccine -----Rabies is required for all routine surgeries:
 - Canine: Rabies (\$15) DAPP/DAPP+L4(\$18/\$20) Kennel Cough(\$20)
 - Feline: Rabies(\$15) FVRCP (\$20)
 - Flea and tick protection (\$20-64)
- Nail Trim(\$15)
- Ear Cleaning(\$15)
- Anal Glands(\$15)
- Flex 4 Test (Heartworm & Tick)(\$40)
- Heartworm only test (\$12)
- Microchipping(\$40)

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the above named animal. I consent to the procedure(s) described. I understand that in the

performance of any anesthetic and/or surgical procedure there are associated risks. I also understand that unforeseen conditions may necessitate a deviation or addition to the procedure(s). I expect that Dr. Ashlee M. Page and Creekside Veterinary Clinic will use reasonable care and judgment in the care of my animal. I will not hold Dr. Ashlee M. Page and Creekside Veterinary Clinic responsible or liable for any complications that occur including deaths. I understand that I am responsible for all costs incurred during the care of my animal even if complications should arise and that payment is due at the time of service's rendered.

Signature: _____ Date: _____

In office use only:	Weight _____
Ax:	
PM:	