

CONSENT FOR SURGICAL PROCEDURE

Date: _____

Client Name: _____

Patient Name: _____

I authorize and direct the veterinarian(s) of Millerton Veterinary Practice, PLLC to perform surgical, diagnostic and treatment procedures as deemed advisable or necessary for my pet.

Spay (Ovariohysterectomy)

Dental Prophylaxis and treatment (+/- extractions of teeth per doctor's discretion without the consult of a dental specialist.)

Neuter (Castration)

Other _____

LIST ANY MEDICATIONS OR SUPPLEMENTS YOUR PET IS CURRENTLY TAKING WITH DOSAGES:

The nature of the procedure(s) has been explained to me, and no guarantee has been made as to the results or cure. I fully understand that there may be risks to such procedures, and I agree to assume all risks to my pet associated with the said procedure(s).

To the best of my knowledge:

- My pet has not had food in the last 12 hours. Diet_(grain free?)_____
- My pet is not in heat or pregnant (females).

I understand that

- If my pet is nervous or anxious, the clinic will administer a tranquilizer.
- If an infectious process is suspected or if more than one incision must be made, my pet will be sent home on antibiotics.
- Bandaging may be required and will be done at the doctor's discretion.
- Pain control may be administered and/or sent home if necessary for post surgical pain.

Anesthesia

Owner's initials _____

We use a human grade inhalant anesthetic for your pet. While there is a wide margin of safety with this anesthetic, any anesthetic has the potential of causing a fatal reaction in pets and people. To help minimize this risk, pre-anesthetic blood screening and ECG are advised. While this does not remove all the risk, it could alert us to underlying disease or abnormalities that may otherwise go undetected.

PRE-ANESTHETIC BLOOD TESTING IS REQUIRED FOR PETS 3 YEARS OF AGE AND OLDER.

Please perform the following tests:

Pre-anesthetic Bloodwork Depending on age and condition (see your treatment plan)

Heartworm Testing: Heartworm disease is a potentially fatal disease of dogs. Dogs with heartworm disease are at much higher risk during anesthetic procedures, so we require a negative test to be performed within the past 6 months. . **Year round or seasonally** _____

Pre-anesthetic heart rhythm evaluation (ECG)

I DECLINE PRE-ANESTHETIC BLOODWORK and understand that a medical condition may exist which would be impossible to identify during a physical exam alone and my pet's health could be at risk when placed under anesthesia if such a condition goes undetected.

Owner's initials _____

Additional Services

While my pet is hospitalized, please perform the following procedures in addition to the surgery/treatment listed above. I understand there will be additional cost for these procedures.

Microchip

Fluoride

Ear Flushing

Urinalysis

Fecal Exam for parasites

Express Anal Glands

Laser

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures is only an approximation and the final bill may be less or greater than this amount.

I have read the foregoing and agree.

Signature of Pet Owner or Responsible Agent _____

Phone # where you can be reached today.