

OWNER'S NAME: _____

PET'S NAME: _____ SPECIES: Canine | Feline SEX: Female | Female Spayed | Male | Male Neutered

BREED: _____ COLOR(S): _____ WEIGHT: _____

I am the owner or agent of the owner of the above-described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedures or operations:

GENERAL SURGERY: _____ / _____
INITIALS

UPDATE VACCINES: YES NO _____

Dogs in heat will be charged an additional fee for spaying.

We use the RESCO clipper method for declawing. Claw regrowth may rarely occur, however, we will back our procedure 100%.

Certain procedures will **require** an E-collar per Dr. discretion.

- Already have an E-collar.
- Request E-collar even if standard surgery.
(Not required per Dr.)

If fleas/flea dirt is present on your pet, Mobile Veterinary Practice will apply a flea product to your pet, at an additional charge, to protect any other hospitalized pets.

Have you applied a flea/tick product? YES NO
IF YES, when given and what product: _____

INITIALS

INITIALS

DENTAL: _____ / _____
INITIALS

I authorize the veterinarian to use his/her judgement during dental procedures if teeth need to be extracted.

INITIALS

I request a dental sealant to be applied to teeth post cleaning, which protects teeth/gums for 6 months.

YES NO

I request a heartworm test to be drawn during surgery today.

YES NO CURRENT

I request histopathology to be performed on mass removed today.

YES NO

I request the insertion of a micro chip today.

YES NO HAS ONE

PRE-OP BLOOD WORK CONSENT

Your pet is in for anesthesia/surgery and should do fine. We will perform a full physical examination on your pet before administering the anesthesia. However, we **HIGHLY** recommend a pre-op blood profile be performed to ensure your pet to be in a low risk category during anesthesia. The blood work rules out any pre-existing internal problems that may not be evident physically, but could possibly lead to complications. There is an additional fee for these important procedures.

Please check one:

- YES**, I want the kidney/liver/diabetes blood work for my pet.
- NO**, I decline the kidney/liver/diabetes blood work for my pet and assume any/all risks for doing so.

PAIN MANAGEMENT

Pain medication is administered at the time of surgery and lasts approximately 4-8 hours. If you would like additional pain medication for the at-home comfort of your pet, an additional charge will be added to your bill.

Please check one:

- YES**, I want pain medication to take home with my pet.
- NO**, I decline pain medication to take home with my pet.
- Use the doctor's recommendation** for pain medication to take home with my pet.
- Current medication(s) that pet is on:** _____

When was medication given? _____

I acknowledge that payment for the above-stated procedure(s) is due in full at the time of release of my pet.

*I understand that during the performance of the foregoing procedures or operations, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures or operations, or different procedures or operations than those set forth above. Therefore, I hereby consent to and authorize the veterinarian's professional judgement. I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. **I have read and understand this authorization and consent.***

SIGNATURE: _____ **DATE:** _____

Phone number(s) where you can be reached between 8:00am - Noon on the day of surgery:

CONTACT NUMBER: _____ **ALTERNATE CONTACT:** _____