THORNTOWN VETERINARY CLINIC PC

 5019 W STATE RD 47

 THORNTOWN, IN 46071

 (765) 436-2323

**Surgery Consent Form**

We would like to start with some history questions today in preparation for today's procedure.

Have you noticed your pet passing any worms recently? \_\_

Has your pet had any injuries or illnesses in the last 30 days? \_\_

Does your pet have a history of seizures? \_\_

Has your pet had anything to eat after midnight? \_\_

Is your pet currently on any medications? \_\_

Is your pet allergic to any drugs or medications? \_\_

If your pet is a female scheduled for a spay today, has she been in heat in the last 3 weeks? \_\_

Has your pet had any previous problems with anesthetic? \_\_

Are you aware of your pet having a heart murmur? \_\_

The procedure requested today:

[ ]  Spay [ ]  Tumor Removal \_\_ [ ]  Tooth Extraction [ ]  Other \_\_

[ ]  Castrate [ ]  Tumor Analysis \_\_ [ ]  Oral Surgery

[ ]  Declaw (front only) [ ]  Tail Dock [ ] Vaccinations \_\_

Our caring staff members want to ensure your pet's well-being. A physical exam is performed before sedating your pet. However, many disorders of the kidneys, liver, heart, and blood can't be detected without blood test and a heart electrocardiogram (EKG). That is why we strongly recommend performing a presurgical screening before sedating your pet. Blood work includes Chemistry and CBC.

We offer this in the following manner, please check your decision.

[ ]  Comprehensive Profile $70 [ ]  Decline any blood analysis

[ ]  EKG $48.85 [ ]  EKG Declined

 **CAN WE EMAIL THOSE RESULTS TO YOU?** [ ] Yes [ ]  No

We recommend pain medication for your pet. We give an injection prior to surgery, which is included in your cost; this last 24 hours. We would like to offer a take home medication as well (3 days of tablets for dogs, 5 days of oral drops for cats). The cost varies depending on the weight of the patient and is listed on your estimate. Would you like pain medication for your pet? \_\_

We also offer post surgical laser therapy treatment to promote surgical healing and pain management. Laser therapy increases cell stimulation to enhance quicker healing with less pain and decrease inflammation. We offer this service as a one-time post surgical treatment with an option for a 2nd treatment within 2 weeks. We do not offer laser therapy on lump removals due to the possiblity of cancer.

[ ]  One Treatment post-surgical [ ]  Both Treatments post surgical [ ]  Decline laser therapy

If your pet is 8yrs or older we recommend placing an IV catheter as a precautionary measure.

This is for the safety of your pet. It will be placed in a leg vein, and does require a patch of hair

to be shaved. The cost of this is between $6.00 and $8.50.

 Would you like us to place an IV catheter? \_\_

Would you like your pet to have a 1/2 price Deluxe Toe Nail Trim today? The cost is $7.50 \_\_

This is the perfect time to place a Home Again Microchip for your pet. The cost is $45.00, and this includes the placement and the registration. Would you like us to place it today? \_\_

If your cat is being declawed, special litter is required for two weeks after surgery. Would you like to purchase this while you are here today? [ ] Yes 5lb bag ($7.00-$10.00) [ ] No N/A [ ] Yes 15lb bag ($20.00-$25.00)

 [ ] Recycled Paper $3.50 per 3 gallons

**Our protocol is to contact you before performing any additional unauthorized procedures. If we are unable to contact you for some reason do you give consent for the doctor to proceed as he deems necessary for the benefit of your pet's health?**

(baby teeth extractions $10 per tooth; late estrus $35; retained testicle range $65-100; umbilical hernia $85)

 [ ]  I request that you treat my pet to the full extent of your ability without concern of cost.

 [ ]  I would request that you treat my pet, without exceeding $\_\_

 [ ]  I would request that you not treat my pet if you cannot get a hold of me.

**I am the owner of the above named animal or am a responsible agent for it and have the authority to execute this consent.**

**I hereby authorize the performance of the above chosen procedures, along with anesthetics and medications deemed advisable and necessary. I hereby also authorize the performance of such surgical or therapeutic procedures as you determine to be indicated. I understand that only the listed optional procedures listed on this form will be done and if I would like additional procedures or vaccinations performed during this stay I will ask that they be listed.**

**I understand that all forms of anesthesia involve some risk and no promises or guarantees can be made concerning the results of the procedure or treatments. Although rare, unexpected severe complications with anesthesia can occur including, but not limited to nerve damage, cardiac arrest, blood clots, brain damage, and even death.**

**I agree to indemnify and hold you harmless from and against all liability arising out of the performance of any of the procedures referred to above.**

**I understand it is important to keep the hospital free of fleas, and if any fleas are found on my pet during his/her stay they will be given a pill that will kill any fleas on him/her. There will be approximately $7.50 added to my bill if this pill is given.**

 Signature of owner or responsible agent:

Date \_\_ Time: \_\_ Phone number where you can be reached today: \_\_ Update by text? \_\_

Inhouse use: I have verified the procedure and that no other procedures, vaccinations or exam will be done today while preforming the one(s) listed. Staff Name: \_\_Technician Helping to complete this form \_\_

 ALL BILLS ARE TO BE PAID IN FULL UPON RELEASE OF THE ANIMAL