



Surgery Consent and Release

Client _____ ID _____ Patient _____ Rec/Tech _____

As the owner, or owner's agent of the above animal, I hereby give my consent to the staff veterinarians at Rose Rock Veterinary Hospital to anesthetize and perform the following procedure(s) on my animal:

1. _____ 2. _____ 3. _____

I acknowledge that some risks always exist with anesthesia and surgery, and that I am encouraged to discuss any concerns I have about those risks with my veterinarian. While I expect Rose Rock Veterinary Hospital to use reasonable care and judgment in performing the procedure(s), I understand that results cannot be guaranteed. I realize that unforeseen events may occur before, during, or after the procedure(s), and should some unexpected life saving emergency care be required, Rose Rock Veterinary Hospital's staff has my permission to provide necessary treatment.

I agree to pay, in full, for services rendered, including any deemed necessary for medical or surgical complications. Such complications, including death, will not relieve me from any financial obligation regarding my animal. I am encouraged to discuss all fees attendant to the care of my animal before services are rendered, and to request a written estimate of involved fees if one has not been provided to me. Any verbal or written estimate of charges or fees for the above procedures is only a best approximation, and the final charges may be less than or greater than this amount.

I have read and agree to the above statements:

Signature _____ **Phone Number Today 1)** _____ **Date** _____
 If you may be at a second number, please list time to call this number **2)** _____ **Time** _____

Your pet(s) will be examined for external parasites upon admission. If fleas or ticks are present, an insecticidal treatment (bath, dip, or spray) will be done at your expense. **Initial** _____

Current rabies and distemper combination vaccinations are required for all elective surgeries. **Initial** _____

Pre-Surgical Screening

Pre-surgical blood testing can indicate problems involving blood formation and clotting, liver and kidney function, and infectious or parasitic processes that a thorough physical examination cannot detect. Such abnormalities may require postponement of an elective procedure, changes in anesthetic regimen, or require additional precautions to be taken during the procedure.

This safety measure (presurgical blood testing) is mandatory on all non-elective procedures and all patients 7 years or older of age.

I **ACCEPT** pre-surgical blood screening for my pet (\$55.00) _____

I **DECLINE** the recommended safety procedure above, acknowledging I may be putting my pet at risk, and accept responsibility for any ensuing consequences. _____ (full signature)

There are always risks when anesthesia is used but Sevoflurane, a safer gas anesthetic, is available to lower the risk. Please ask for details.

I **ACCEPT** _____ **DECLINE** _____ Sevoflurane anesthesia.

Please answer the following questions;

- Yes No Did your pet eat this morning?
- Yes No Is your pet currently on medication? What _____
- Yes No Has your pet been checked for internal parasites in the last 6 months?
- Yes No Has your pet had any coughing, vomiting, or diarrhea?
- Yes No Has your pet ever had a seizure?
- Yes No Is your pet on anticonvulsant medications?
- Yes No Is your dog on heartworm preventative?
- Yes No Is your pet allergic to any medications?
- When was your pet last in heat (last day of heat cycle) or pregnant _____
- If your pet needs antibiotics, do you prefer liquid or tablets? _____

Following Are Recommended Procedures:

- LASER**
Yes No Would you like the laser option to decrease pain and swelling post operatively?
- MICROCHIP**
Yes No Would you like to have your pet microchipped?
- ORAVET**
Yes No Would you like Oravet applied to your pet's teeth?
Yes No Would like Oravet Take Home Kit?
- TUMOR REMOVALS**
Yes No Would you like histopathology to diagnose type?

PAIN MANAGEMENT: We include in elective surgeries a pain injection that lasts 24 hours.

Yes No Would you like oral pain management for your pet to continue at home?