

Countryside Veterinary Service Anesthesia Consent Form

Owners Name: _____

Date: _____

Today's Phone # _____

Procedure: _____

Patient Name: _____

Today's Weight: _____

Please initial the following:

We highly recommend pre-anesthetic blood work for the safety of all pets undergoing any anesthetic procedure. While your pet may appear healthy, this testing can reveal hidden problems. If a problem is detected, the surgical procedure will be modified or postponed.

_____ Yes, I would like my pet to have blood work preformed to help insure that they can be more safely anesthetized. Additional fee of \$70.00-\$95.00

_____ No, I prefer not to have blood work preformed.

Pain management is important following any surgical procedure. Along with a pain management injection given immediately after surgery, oral pain medication will be sent home with your pet as part of routine post surgical care.

_____ Yes, I would like my pet to have pain medicine.

****Strongly recommended for all procedures, required for cat de-claws****

_____ No, I would not like my pet to have pain medicine.

****All surgery patients are given an antibiotic injection after surgery \$5.00****

Any animal entering the clinic with fleas will be treated at the owner's expense

<p><u>DOGS</u></p> <p><input type="checkbox"/> Rabies \$15.00</p> <p><input type="checkbox"/> DHLP \$25.00</p> <p><input type="checkbox"/> Bordetella \$22.00</p> <p><input type="checkbox"/> Heartworm Test \$25.00</p> <p><input type="checkbox"/> Yes, Check for worms \$18.00</p> <p><input type="checkbox"/> Microchip \$75.00</p> <p><input type="checkbox"/> Flea Prevention</p> <p><input type="checkbox"/> Heartworm Prevention</p> <p><input type="checkbox"/> Deworm</p>	<p><u>ADDITIONAL SERVICES</u></p> <p><input type="checkbox"/> Clean Teeth \$110.00-\$130.00</p> <p><input type="checkbox"/> Nail Trim \$15.00</p> <p><input type="checkbox"/> Clean Ears \$14.00</p> <p><input type="checkbox"/> Express Anal Glands \$11.00</p>	<p><u>CATS</u></p> <p><input type="checkbox"/> Rabies \$15.00</p> <p><input type="checkbox"/> Feline Leukemia \$22.00</p> <p><input type="checkbox"/> FRVCP \$20.00</p> <p><input type="checkbox"/> Leukemia Test \$32.00</p> <p><input type="checkbox"/> Fecal Float \$18.00</p> <p><input type="checkbox"/> Microchip \$75.00</p> <p><input type="checkbox"/> Flea Prevention</p> <p><input type="checkbox"/> Deworm</p>
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I understand that during the performance for this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s). I expect Countryside Veterinary Service, LLC to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and the risks involved has been explained to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting in the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

Signature: _____

Date: _____