

Name _____ Pet Name _____

Phone # where I can be reached today: _____ ☐ Call ☐ Text

If I cannot be reached by phone:

_____ proceed with what you deem medically necessary.

_____ proceed up to an additional \$ _____.

_____ do not proceed.

Please initial that you have read and understand the following:

_____ **If your pet has fleas**, he/she will be treated at the time of surgery with Capstar (\$9) at your cost. If you would like your pet treated with another product, please discuss products with the staff.

_____ **Proof of Rabies** vaccine is required at time of surgery. If your pet is not vaccinated, we can give the vaccine at time of service (\$17.00). An examination is also required at time of rabies vaccine (\$23.60).

PRE-ANESTHETIC BLOOD PANEL CONSENT

Like you, our greatest concern is the well-being of your pet. We recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and inform the doctor in the presence of dehydration, diabetes and/or kidney or liver disease which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed.

Recommended for all surgical patients

Cost \$76.50

Yes, please complete the blood work you recommended prior to surgery on my pet.

Signature: _____ Date: _____

No, thank you. I have elected to **refuse the recommended pre-anesthetic blood work** at this time and request that you proceed with anesthesia. I assume full financial responsibility for this/these animal(s). I understand there are always potential risks when using anesthesia or performing surgery on an animal.

Signature: _____ Date: _____

POST SURGICAL PAIN MANAGEMENT CONSENT

If you choose post-surgical pain management, we will administer pain management to your pet before he/she wakes up with our class IV therapy laser. It uses a beam of laser light to deeply penetrate tissue without damaging it. Laser energy induces a biological response in the cells which leads to **reduced pain, reduced inflammation, and increased healing speed**. This is a **drug free, non-invasive** approach to pain management and has been scientifically proven to be successful in treating post-surgical pain. **The cost of this is \$19.20**. Some patients require pharmaceutical pain management in addition to laser therapy. The cost is dependent upon the size of the patient. If we feel this is necessary, we will call you at the number provided before administration.

Accept _____ **Decline** _____

Signature: _____ Date: _____

CO2 SURGICAL LASER

The CO2 laser has the ability to vaporize tissue. The laser is used to make precise incisions. The laser seals nerve endings and seals lymphatics which decreases post-operative swelling and pain. It also kills bacteria cells in its path. Less pain, swelling, and decreased risk of infection decreases recovery time. **For spays and neuters, there is an upcharge of \$43.** This cost is included in all declaws and mass removals.

Accept _____

Decline _____

Signature : _____ Date: _____

Resuscitation

In the event that your pet(s) should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of your pet's status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

Please initial your choice below.

I agree to CPR being performed in case of arrest and to the associated fees (initial here) _____

or

I elect a "**Do Not Resuscitate**" status in case of arrest (initial here) _____

****Please be aware that we are not staffed 24 hours a day. If you wish to have 24-hour care, we are happy to refer you to a facility with 24-hour care.****