

SURGICAL ADMISSION FOR DOGS

Your dog _____ is being admitted today to have the following procedure(s) performed:
Spay _____ Neuter _____ Dental _____ Growth _____ Lab _____ Orthopedic _____ Other _____

Please answer the following questions concerning your dog's surgery:

1. Has your pet had anything to eat today? ___Yes ___No
 2. Has your pet had his/her Rabies vaccine in the last year? ___Yes ___No
 3. Is your pet currently on any medication? ___Yes ___No If so, please list all medications: _____
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****We recommend a blood panel be run before surgery to help detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample. The cost of the recommended panel is \$44.00-\$150.00(depending on age and health of animal).

_____ Yes, I want the recommended panel.
_____ No, I do not want the recommended panel.

****We recommend pre and post operative pain management for your pet's comfort during the recovery period. The cost for the pain management medication is \$12.00-\$30.00.

_____ Yes, I want pain management for my pet.
_____ No, I do not want pain management for my pet.

***We recommend post operative therapy laser treatment to promote healing and relieve pain. The cost of the laser therapy is \$20.00.

_____ Yes, I want the therapy laser treatment for my pet.
_____ No, I do not want the therapy laser treatment for my pet.

Please check any additional procedures you may want on your pet at this time:

___ Complete yearly vaccinations

___ Heartworm test	___ Rabies Vaccination	___ Fecal examination
___ DHLPP-Pv-Cv	___ Bordetella vaccination	___ Nail Trim
___ Anal Gland Expression	___ Ear Wash	___ Lyme vaccination
___ Microchip	___ Rattlesnake Vaccination	Other: _____

if fleas are found on your pet, a one time pill will be administered to treat them at a cost of \$6.50.

I am the authorized owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery. I also understand that payment for these procedures is due at the time of discharge.

I understand that during the performance of the procedure(s), unforeseen conditions may arise that may necessitate extending the procedure or may require different procedures than those previously set forth. I hereby consent and authorize the performance of any additional procedures deemed necessary by the veterinarian for the well being of my pet.

I understand that there are inherent risks involved with anesthesia and any surgical procedure, including death, and I release the Claxton Veterinarian Clinic and its doctors from any liability associated with these procedures.

Signature

Phone Number

Date