



Spirit of 76th Veterinary Clinic

SURGERY | PREVENTATIVE | MEDICAL | ULTRASOUND
RADIOLOGY | EXOTICS | DENTISTRY

Surgery Consent Form

Name: _____

Breed: _____

Client: _____

Age: _____



Included in every surgery:

- Intravenous Catheter
- Bloodwork - Mini Profile (Chem10) : ALB/GLOB (protein), ALKP/ALT(liver) BUN/CREA(kidney), GLU(sugar), TP(hydration)

Procedures to be performed today please initial

<input type="checkbox"/>	_____

Update vaccines:

<input type="checkbox"/>	Rabies	<input type="checkbox"/>	FeLV
<input type="checkbox"/>	Distemper		
<input type="checkbox"/>	Leptospirosis		
<input type="checkbox"/>	Lyme		
<input type="checkbox"/>	Bordetella		

Apply HomeAgain Microchip

4DX test (heartworm, lyme, ehrlichia, anaplasma)

Intestinal parasite testing (fecal)

FeLV/FIV/heartworm

Additional bloodwork

Like you, our greatest concern is for the health of your pet. We recommend that senior pets have more extensive bloodwork performed prior to anesthesia. The doctor may also recommend more extensive blood work before proceeding if your pet suffers from any long term illnesses. Please initial next to your choice below.

Comprehensive Profile 7yrs + : Everything in a Chem 10 plus: CA, CHOL, GGT(liver), PHOS(kidney), TBIL(liver), Thyroid (T4) & SDMA **Cost \$147.00**

I decline more comprehensive bloodwork at this time

Medications

Is your pet on any medications? Yes No If yes, complete the following:

- Name of medication: _____
- When was the medication last given? _____

Consent please initial

- I am the owner or agent of the animal described above
- I have authority to execute this consent and I am over the age of 18
- I hereby authorize and direct the veterinarians of Spirit of 76th Veterinary Clinic to perform the above described procedure(s)
- I understand payment in full is due upon services rendered
- I authorize Spirit of 76th Veterinary Clinic to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary due to medical complications or otherwise unforeseen circumstances. I understand there are rare complications associated with any anesthetic or sedation procedure. If unforeseen conditions arise, I understand the attending veterinarian will attempt to contact me if procedures or treatments other than those now being authorized are recommended. I authorize the attending veterinarian to pursue such procedures or treatments if reasonable efforts to contact me for further consent are unsuccessful.
- I confirm that my pet has had no food since 10pm yesterday
- I authorize anesthesia/sedation for my pet. The nature and risks of this procedure have been explained to me. I understand some risks always exist with anesthesia and/or sedation, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.
- I understand the nature and purpose of the procedure(s), risk involved and possible complications that could arise, I understand no warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I fully understand these risks and understand the veterinarians and hospital staff will try to minimize such risks. I will not hold Spirit of 76th Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise.

Contact information:

I will be able to be reached today at: _____ Preferred: Call OR Text

Primary phone number: _____

Secondary phone number: _____

Email: _____

I have read and fully understand this consent form, I have had all my questions answered fully and understand that all procedures carry risks.

Signature of owner/agent _____ Date _____

Please save your completed form into your computer and send it to:
info@spirit.vet

Thank You!