

## Tri-County Veterinary Service Anesthesia/Surgery/Treatment Consent Form (Online)

Client Name:  
Patient:  
DOB:

### Please Read Carefully and Sign

I authorize Tri-County Veterinary Service to perform the following procedure(s):

#### IV Catheterization is required for all surgical procedures. Pre-Anesthetic Testing (required for pets 8 years or older)

In order to ensure that your pet can properly process and eliminate the anesthesia he/she is given, we always recommend a well-animal pre-op blood profile.

(\$112) We offer a full Pre-Op panel that shows function of kidneys, liver, hydration, red cell levels (anemia), blood sugar (diabetes), platelets for blood clotting, and infection.

#### In-Patient Questionnaire

(Pets that are overdue for vaccines are required to be made current during time of hospitalization)

To lessen the risks of anesthesia/surgical procedures all dogs over the age of 6 months must be current on heartworm testing.

While your pet is under our care please consider having these tests or procedures performed.

K9	Both	Feline
<input type="checkbox"/> DA2PP (\$14)	<input type="checkbox"/> Fecal (\$22-30)	<input type="checkbox"/> FVRCP (\$15.50)
<input type="checkbox"/> Bordetella (\$16)	<input type="checkbox"/> Deworming (\$11-25)	<input type="checkbox"/> FELV (\$40)
<input type="checkbox"/> Lyme (\$38)	<input type="checkbox"/> Microchip (\$58)	<input type="checkbox"/> Purevax Rabies (\$30)
<input type="checkbox"/> Heartworm Test (\$28)	<input type="checkbox"/> Complementary TNT (no charge)	<input type="checkbox"/> FELV/FIV Test (\$30) <b>Highly Recommended</b>
<input type="checkbox"/> Influenza (\$17.70)	<input type="checkbox"/> Rabies (\$16)	<b>if not previous tested</b>
<input type="checkbox"/> LEPTO	<input type="checkbox"/> Tissue Pathology (\$120)	

1. Should any further test, diagnostics or treatments be necessary, Tri-County Veterinary Service is given permission to add these test and treatments to the above list. **(If we are unable to reach you and discuss these additional items) (initials \_\_\_\_\_)**

2. Is your pet indoors, outdoors, or both? \_\_\_\_\_

3. Does your pet show any signs of illness? \_\_\_\_\_

4. Is your pet currently taking any medication? Yes  No  If so what kind? \_\_\_\_\_ How often? \_\_\_\_\_ When was last dose given? \_\_\_\_\_

5. Has your pet had any history of seizures or problems under Anesthesia? \_\_\_\_\_

6. List any behavioral concerns (biting, timidness, needing special handling, etc.) \_\_\_\_\_

For spays we place a small tattoo beside the incision for identification purposes, at no charge to you. **If you decline, please check this box.**

#### AUTHORIZATION

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. **I authorize the use of anesthesia and other medications as deemed necessary by the veterinarian and staff at TCVS.**

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. **There will be additional fees for pets that are pregnant, in heat, obese, or cryptorchid. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.**

HW Meds:  Yes  No      E-Collar:  Yes  No      Flea Prevention:  Yes  No  
How much? \_\_\_\_\_      How much? \_\_\_\_\_

**\*Please wait to sign/date this form until your pet is dropped off\***

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_

