

SURGERY CONSENT FORM

Animal Health Clinic

1722 Hillsboro Blvd.
Manchester, TN 37355
931-728-6633

I request that my pet, _____, receive the following procedure:

_____.

(1) This surgical procedure requires the use of a general anesthetic. We recommend all pets receiving anesthesia and/or surgery have a few simple blood tests performed to evaluate their overall health. With your permission, we will run a CBC and a chemistry panel. These tests evaluate kidney function, liver function, diabetes and blood count. (These are the same type of blood tests you and I would receive before surgery.)

This blood work is an additional \$62.00.

Do you want us to run this blood work? YES ___ NO ___

(2) It is very important to have immediate access to your pet's bloodstream during surgery. For safety, our doctors recommend an IV catheter and fluids to maintain your pet's blood pressure and flush the organs that handle anesthesia.

IV catheter and fluid therapy are an additional \$35.00.

Do you want an IV catheter and fluid therapy on your pet during surgery? YES ___ NO ___

(3) Surgery can be painful for animals. We feel a post-operative pain injection is an important part of your pet's recovery. For an additional fee of \$18.00, we will give your pet a pain injection for one day of pain control.

A post-operative pain injection is an additional \$18.00.

Do you want your pet to receive a post-operative pain injection?

YES ___ NO ___

Signature: _____ Date: _____

Phone Number: _____