Veterinary Associates, LLC

**Owner/Client Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**●●● 19922 US Hwy 10, Reedsville, WI ●●● (920) 754 - 4307 ●●●**

**Sedation/Surgery Consent Form**

**Please read the following statement carefully**

Your pet must be dropped off between 7:30 am and 8 am the day of surgery (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). No one is at the clinic before 7:30 am. Your pet will go home the same day as surgery (between 3:00-5pm). Declawed cats may stay over one night (will be unattended) and be discharged after 10 am the next day.

No food (or treats!) after 10pm the night before surgery. Water is ok until time of drop off. **FASTED** **YES\_\_\_\_\_ NO\_\_\_\_\_**

If your pet has not been fasted, surgery may be postponed to a later date.

Please notify us of any pre-existing health concerns that you’re aware of (e.g. diabetes, seizures, heart disease, etc) as well as any medications/supplements your pet may be currently taking.

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, owner or authorized agent of admitted patient/pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the admitting veterinarian (and designated associates, technicians or assistants) to administer treatment (surgical, diagnostic and/or therapeutic) as considered necessary to perform the following procedure(s). I also consent to the administration of sedatives and/or anesthetics.

**Procedure(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If female is pregnant proceed? YES \_\_\_\_\_ NO \_\_\_\_\_ Last heat cycle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESURGICAL BLOODWORK -** Sometimes pre-existing conditions are present that may not be physically evident. For this reason, we feel all pets need pre-anesthetic blood profiles (required if 7 years old or older; or by Doctor discretion). The profile includes a complete blood count (evaluate red and white blood cells, platelets), glucose (blood sugar), parameters to check liver and kidney function, and electrolytes. **$60.00**  **YES\_\_\_\_\_ NO\_\_\_\_\_**

**INTRAVENOUS CATHETER** – Placing an I.V. catheter (required if 7 years old or older, or by Doctor discretion) prior to the procedure can help keep your pet’s blood pressure stable and helps to flush the anesthetic out of their system faster. It also gives us quick access to a vein quickly if needed. **$40.00 YES\_\_\_\_\_ NO\_\_\_\_\_**

**HOMEAGAIN MICROCHIP–** Permanent form of identification (please ask for details) $**44.00 YES\_\_\_\_\_ NO\_\_\_\_\_ Have \_\_\_\_\_**

**ELIZABETHAN COLLAR (E-COLLAR) –** Protective collar to prevent licking at surgical site. **($7-15)** **YES\_\_\_\_\_ NO\_\_\_\_\_**

**CPR -** I understand that there may be risk involved in these procedures. In the event of a cardiopulmonary arrest (loss of normal heart beat and breathing), I understand immediate action must be taken. I authorize the following (please select one option):

  Cardiopulmonary Resuscitation (CPR) as deemed necessary by the doctor to try to restore normal heart beat & breathing. (Additional charges may apply)

  No resuscitation efforts

I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and understand this authorization, the reasons that this procedure is considered necessary, as well as its advantages and possible complications. I will not hold Veterinary Associates, doctors, or staff liable for any complications. I assume financial responsibility for all charges incurred to the patient and agree to pay all charges at the time the patient is discharged. I also understand that any patients found to have fleas will be treated at the owner’s expense.

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 Number you can be reached all day Signature of owner or responsible agent (**must be 18yrs of age)** Date

Please call me when my pet is out of surgery (usually after 1 pm) **YES**\_\_\_\_\_ **NO**\_\_\_\_\_ Pick-up Time\_\_\_\_\_\_\_\_\_\_\_\_

 (between 3:00-5pm)

Payment is required in full at the time of all small animal services. We accept case, credit card, care credit or check.