

AGE 6+



SENIOR Canine (6+ years) Surgery Consent Form

Owner's Name: _____

Patient (Dog's) Name: _____

*Phone # to contact you for further information or in case of an emergency: (_____) _____ - _____

What type of surgery is your pet scheduled for today*? (Please circle all that apply)

Spay (female) Neuter (male) Dew claw Removal (front or back) Tumor Removal Dental Other _____

*All Surgeries (except dental cleanings) are performed with a laser for less pain, less swelling, less blood and faster recovery time.

Is your pet current on vaccines? ** YES NO **ALL dogs MUST be up to date prior to entering the hospital to have elective surgery performed. Spring Meadow Vet Clinic will not be held responsible for any sickness incurred during your dog's stay; for best results all vaccines MUST be given at least 2 weeks prior to the hospital stay.

Your senior pet's surgery treatment plan will also include a Pre-Anesthetic Blood Panel, the placement of an IV catheter and pain medication for your pet to go home with after the surgery.

Please choose from the following additional services:

Additional Services	Description	Cost	Accept	Refuse
Biopsy for patient having lumps removed	If your pet is having a lump removed today, we recommend that the lump be sent to the lab for a histopathology (a test to tell us what type of lump it is). We should have results in 5-7 business days.	\$120 - \$165		
Heartworm/Tick Test	All Dogs should be tested annually for Heartworm Disease. This is a deadly disease that is spread by Mosquitos. Heartworm is preventable and much easier to prevent than to treat.	\$38		
HomeAgain Microchip	1 in 3 pets will get lost; Without ID, 90% won't return home. <u>If you desire, we can place a Home Again microchip at a reduced cost (\$5.00 off) while your pet is under anesthesia.</u>	\$45		
Parasite Testing	We can perform an intestinal parasite screen to ensure your pet is free of intestinal parasites such as roundworms, hookworms, etc.	\$28		
Other				

***If Fleas are present on your pet during the time of surgery, your pet will be given a dose of medication that will kill the fleas for 24 hours; this fee will be added to your total invoice. _____**

I understand that during the performance of the foregoing procedure or surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure or surgery, or of different procedures or surgeries than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures or surgeries, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that these charges will be paid for at the time of release and a deposit may be required. I hereby consent and authorize the performance of the procedure(s) listed above.

Signature of Pet owner

Date