



Surgery Consent Form

Name of Pet: _____ Last Name: _____
 Procedure: _____ Sex: _____ Weight: _____

Required Vaccines and Exams for Surgical Procedures

Canine: Rabies, Distemper/Parvovirus

Feline: Rabies, Distemper

I understand that if I cannot provide records of my pet's current vaccines and/or exam, for my pet's safety Prairie View Animal Hospital will provide my pet with updated vaccines and/or exam prior to any procedure.

I understand that in order for my pet to have surgical procedures done, they must have had a current physical exam (within the last year), current bloodwork (within the past two months), and have been healthy since the blood test was performed. If there is no current blood work on file, I understand that Prairie View Animal Hospital will, for my pet's safety, obtain current blood work. In-house pre-surgical blood work is performed to ensure that my pet is healthy enough to be sedated under anesthesia. This test is **NOT** optional. If your pet is less than eight (8) years of age, you may opt for a minor or major blood chemistry panel. If your pet is older than eight (8) years of age, a major blood chemistry panel is required. I understand that a small area on one of my pet's legs will be shaved for the purpose of placing an IV catheter as well. Additional medications may be provided at an additional cost.

If your pet is less than eight (8) years of age, please check ONE of the following:

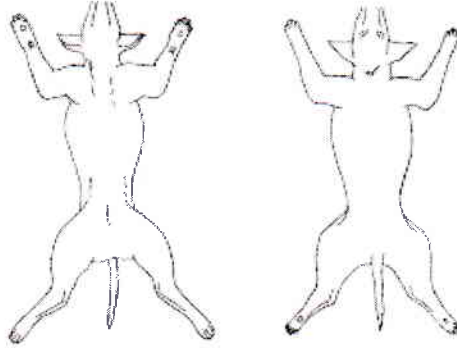
- MAJOR Blood Chemistry Panel (\$71.40) MINOR Blood Chemistry Panel (\$51.45)

SURGICAL OPTIONS: (prices subject to change)

Procedure	Approximate Cost	Yes	No	N/A
Extractions: The cost of a tooth extraction varies based on the type of tooth being extracted. Cost per tooth listed.	\$20.24 to \$60.73			
Histopathology: Tissue specimen sent to a lab for analysis.	\$134.40			
E-Collar: Worn by a pet to prevent licking at an incision site	\$6.50 to \$29.06			
Microchip: Placement of a small chip underneath a pet's skin near the shoulder region which serves as a permanent form of identification.	\$44.10			
Anal Gland Expression	\$22.50			
Nail Trim	\$13.00			

Mass Removals and/or Areas in Question

Please indicate where the lesion(s) and/or areas in question are:



Additional Information: _____

Pet's last meal time: _____ Any prior drug or vaccine reaction(s)? _____

Current medications: _____

Veterinary Technician's Initials: _____

In the event of an emergency, is it your desire that our doctor and staff perform CPR on your pet?

YES _____ NO _____

If we cannot reach you by phone, do you authorize additional services to be performed on your pet while he/she is under anesthesia if the doctor deems them necessary?

YES _____ NO _____

Non-Emergency Contact Information: How would you like us to contact you after the procedure is complete?

- Phone: _____
- Text Message: _____
- E-Mail: _____

I authorize the use of sedatives and/or anesthetics as you deem advisable in the performance of such surgical, diagnostic, and therapeutic procedures. I understand that the administration of any sedative and/or anesthetic agent carries a small but realistic possibility of side effects, which may include death. I recognize the risks and complications that are involved. I acknowledge that no guarantee or assurance has been made as to the outcome of this procedure.

I understand and accept the potential risks associated with the above procedures of my pet. I give Prairie View Animal Hospital authorization to perform surgery on my pet.

Owner's Signature: _____ Date: ____/____/____

Emergency Contact Number(s): _____