

201 South Hill Dr.
Blacksburg, Va 24060

Treatment/Surgery Permission

{CURRENTDATE[SHORT]}

Client ID:

{FULLNAME}

{CITY}, {STATE} {POSTALCODE}

{PHONENUMBER}

Pet ID: {PATIENTID}

Name: {NAME}

Species: {SPECIES}

Sex: {SEX}

Color: {COLOR}

Birth Date: {BIRTHDATE[SHORT]}

I hereby authorize performance of the following treatment/surgical procedure:

{WHATISTHEPROCEDURE}

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

As a standard hospital procedure, to ensure the safety of all patients undergoing anesthesia and surgery, we do the following blood tests. Please initial which testing you authorize.

_____ 1. **Pre-op PCV/TP**—Hematocrit (red blood cell volume) and total protein. These tests allow us to screen anemic animals and those without sufficient protein to heal. The additional charge is **\$21.00**.

_____ 2. **Pre-op Screen**—Some animals require more extensive testing. We strongly recommend seniors (older than 6-10 years, depending on breed) or those with a medical condition receive a pre-op screening panel/PCV to assess kidney and liver function as well as PCV/TP prior to anesthesia. If you have questions, please discuss with the veterinarian. The additional charge is **\$61.00**.

_____ 3. Decline all testing and accept any associated risk.

_____ 4. At Doctor's discretion

We strongly recommend intravenous fluids be administered to all senior pets and pets with a medical condition, to help insure a safe anesthetic and surgical event. If the veterinarian has not previously discussed this with you, please indicate if you would like IV fluid therapy. Additional cost is **\$52-60**.

Yes _____ No _____ At Doctor's discretion _____

We administer pain control for all surgical & dental procedures pre-op (additional cost of **\$5-\$50** according to weight and procedure). In addition, some animals benefit from post-surgical pain management as well. We will dispense post surgical medicine as indicated. Additional cost is **\$10-\$60**. **Please initial your choice for post-surgical pain control.**

Yes _____ No _____ At Doctor's discretion _____

_____ **MICROCHIP**: We can microchip your pet while here today for the above procedure. This is a form of identification in case your pet were to wander off or get lost. **Please initial** if you would like us to use the Home Again Microchip for your pet. The cost is **\$50.00**. This does **NOT** include registration fees.

I understand that during the performance of the foregoing procedure or operation, unforeseen conditions may be revealed that necessitate an extension of the procedure or operation, or different procedures from those set forth above. Therefore, I consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarians judgement. I understand that I assume financial responsibility for all services rendered.

Has your pet had food or water today? _____ If so, which and when? _____

DATE _____ SIGNED _____

HOW WOULD YOU PREFER TO BE NOTIFIED OF YOUR PET'S CONDITION?

PHONE CALL _____ TEXT _____ EMAIL _____ (do you have a preferred email address?)