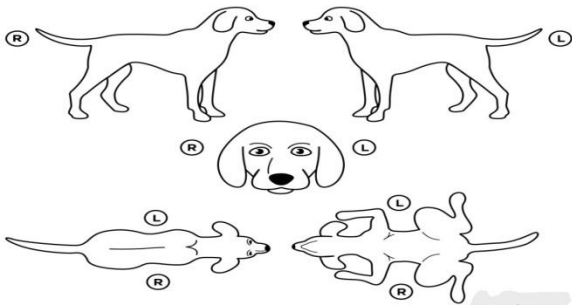
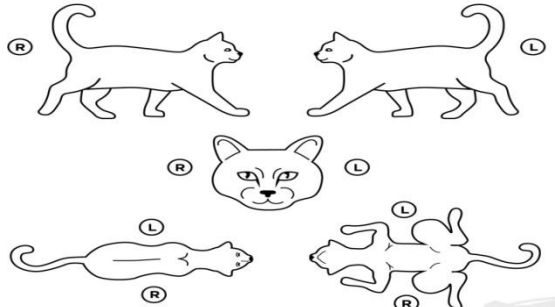


**SURGERY CONSENT FORM**

PET, OWNER \_\_\_\_\_ CLIENT ID: \_\_\_\_\_ DATE \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

| <b>Pre-Operative Diagnostics</b> <span style="float:right;">Please initial in the boxes below:</span>                                                                                                                                                               | Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Declined                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(A complete blood work panel is recommended for all patients over the age of 7 years.)</b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>FULL CHEMISTRY-</b> A small chemistry panel plus more detailed test to check early kidney disease and electrolytes.<br>Normally: 150\$ Surgery Discount: 115\$                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>SMALL CHEMISTRY-</b> A basic chemistry to check kidney and liver function and diabetes.<br>Normally: 110\$ Surgery Discount: 75\$                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>CBC-</b> Checks for low red blood cells (anemia) infection or low clotting cells which can lead to excess bleeding during surgery.<br>Normally: 85\$ Surgery Discount: 55\$                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>RADIOGRAPHS/XRAYs-</b> These are performed to look for abnormalities in the heart and lungs. Examples: fluid buildup, bladder stones, kidney stones. Normally: 225\$-450\$ Surgery Discount: 125\$                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>EKG-</b> This is a test to check for electrical activity of the heart. It can detect abnormal heart rhythms and abnormal heart structures. These can be an underlying cause of serious illness or death. Normally: 200-400\$ Surgery Discount: 75\$              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>If patient is having a growth removed please mark location(s) below:</b>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |
| <b>Do you want biopsy done of growth(s)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> At the Doctors Discretion, to be discussed                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |
| <b>If patient is having a dental procedure</b><br>Would you like to be contacted prior to any dental extractions?<br><b>If I can NOT be contacted, I give the Doctor permission to proceed at his discretion.</b><br>Does this patient need any baby teeth removed? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>E-collar/Cone: Please Circle One</b><br>Plastic                      Inflatable<br>Have Own                      Declined<br>(Unless otherwise indicated by the doctor we highly recommend your pet wear an e-collar until their surgical site has healed)       | <b>Update vaccines: (Check all that apply):</b><br><b>Canine</b><br><input type="checkbox"/> Rabies <input type="checkbox"/> Distemper (DHPP) <input type="checkbox"/> Bordatella (Kennel cough) <input type="checkbox"/> Lepto<br><input type="checkbox"/> Flu <input type="checkbox"/> Lyme <input type="checkbox"/> Heartworm test <input type="checkbox"/> Fecal test<br><b>Feline</b><br><input type="checkbox"/> Rabies <input type="checkbox"/> Distemper <input type="checkbox"/> Leukemia |                                                                                                                                                                                  |
| <b>Microchip: Please Circle</b><br>Yes    No    SCAN for Chip<br># _____                                                                                                                                                                                            | <b>Does this patient need any refills on:</b><br><input type="checkbox"/> Preventions _____<br><input type="checkbox"/> Medications _____<br><input type="checkbox"/> Post surgery sedation _____                                                                                                                                                                                                                                                                                                  | <b>Preferred Pickup time:</b><br><b>(If available) Please Circle One</b><br>2-3 pm    3-4 pm    4-5 pm                                                                           |
| <b>Is there any additional health concerns?</b><br><br><br>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |

I understand that during the performance of the anesthetic procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Hometown Pet Care Center to use reasonable care and judgment in performing the procedure(s). I am aware of the risks of the above anesthetic procedure(s) and realize that results cannot be guaranteed. I do not hold Hometown Pet Care Center responsible nor liable should any complications including death occur. I am also aware that unforeseen events or complications resulting from anesthetic procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

**SIGNATURE** \_\_\_\_\_ **CONTACT NUMBER** \_\_\_\_\_