

Kewaskum Veterinary Clinic

1040 Fond du Lac Avenue

Kewaskum, WI 53040-9583

Anesthesia/Surgery Consent Form For:

Client Name

Species:

Breed:

Address:

Sex:

Color:

Telephone:

Markings:

Birthdate:

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities, _____ will have a pre-surgical blood profile run, which consists of a CBC,[blood cells] and a chemistry, which checks blood glucose, kidney and liver function. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. State-of-the art monitoring is provided on all patients undergoing anesthesia. There will be continuous monitoring of heart rate and rhythm, ECG, blood oxygen saturation, carbon dioxide saturation and blood pressure. This protocol adds an important layer of safety to the anesthetic given to _____. For the comfort of _____, we also provide pain management both before and after the surgery.

Procedure:

DID YOU RECEIVE AND ESTIMATE YES NO

For OVH procedure: When was the last heat cycle? _____ Suspected Breeding Date? _____

FOR AN ADDITIONAL \$45, WOULD YOU LIKE A PRESURGICAL PREGNANCY SCREENING? Yes No

In the event that your pet is found to be pregnant, would you like to proceed with procedure? Yes No

Ear Cleaning Yes No (\$20-\$50)

Microchip Yes No (\$43.90)

Anal Gland Expression Yes No (26.00)

4DX (Heartworm) Test Yes No (51.00)

Prevention [HW/ FT]? Yes No (price varies)

Pull Deciduous Teeth Yes No (\$11 per tooth)

Dental Cleaning Yes No (additional estimate required)

Check Lump(s) Yes No

Remove Lump(s) Yes No ---Growth Location:

Histopath Yes No ---Dr Discretion

Other questions/concerns? Yes No ---

Medications? Yes No ---Name and when were they last given:

Belongings Brought? Yes No ---Describe:

Facebook photos approved? Yes No

Pet Owner Release: The Kewaskum Veterinary Clinic Staff members will use all reasonable precautions against the injury, escape, or death of my pet. I understand that sedation and anesthesia involves minimal risk to my pet, but I will not hold the Kewaskum Veterinary Clinic, Inc. liable in any manner whatsoever or under any circumstances in connection with this procedure. While I accept that all procedures will be performed to the best of the abilities of the staff at the Kewaskum Veterinary Clinic, Inc. I understand that no guarantee or warranty has been made regarding the result that may be achieved. I agree to assume financial responsibility and provide payment via cash, credit card or check.

I have read fully and understand the terms and conditions set forth above.

***By checking yes, I am acknowledging that KVC cares about the emotional well being of your pet and my administer anti-anxiety medications as needed. YES

Emergency Number:

Would you prefer a call or text for updates? CALL TEXT

Email Address:

Witness Initials:

Facebook Photo Consent:

Signature of owner or authorized agent

Date: