

Surgery/Anesthesia Consent

Lake Mary Veterinary Clinic | 2889 W. Lake Mary Blvd, Lake Mary, FL 32746 | (407) 322-4060

Client: _____ Pet: _____ Chart: _____ Date: _____

Phone number(s): _____ Procedure(s): _____

PRE-ANESTHETIC BLOODWORK: Pre-anesthetic blood testing before any anesthetic procedure is performed is highly recommended. The results of these tests give information about your pet's health and ability to tolerate anesthetic drugs.

_____ **PCV/10-chemistry panel:** Minimum database for seemingly healthy animals under the age of 7 years and undergoing routine surgery. (\$80)

_____ **CBC/17-chemistry panel/electrolytes:** More extensive testing recommended for animals 7 years or older, with pre-existing health conditions, or undergoing more extensive procedures. (\$216)

_____ **I decline bloodwork for my pet.**

IV CATHETER & FLUIDS: Placing an IV catheter and administering fluids helps to maintain blood pressure during surgery and also provides IV access in case of an emergency. The cost is \$27. _____ I accept _____ I decline _____ Doctor's discretion

PAIN MANAGEMENT: Almost all procedures and surgeries do cause some amount of pain. We recommend anti-inflammatory and/or other pain medication to be administered during surgery and to be dispensed. There will be an additional cost depending on your pet's weight and the type of procedure performed. _____ I accept _____ I decline _____ Doctor's discretion

MICROCHIP: For the safe return of your pet if ever lost or stolen, Home Again microchips are highly recommended and can be implanted while your pet is under anesthesia. The cost is \$39 (including tax). _____ I accept _____ I decline

E-COLLAR: E-collars are generally recommended to prevent your pet from damaging the incision area which may lead to additional treatment costs. The cost is \$15 (including tax). _____ I accept _____ I decline _____ Doctor's discretion

FOR DENTALS: Dental **radiographs (x-rays)** are an important part of the dental procedure that shows us any disease present underneath the gumline. This aids us in making recommendations regarding your pet's health. The cost for full-mouth dental radiographs is \$43 when done at the same time as a dental cleaning. _____ I accept _____ I decline _____ Doctor's discretion

If **extractions or additional procedures** are recommended by the veterinarian, would you like us to

_____ Perform any extractions/procedures deemed medically necessary. You will be responsible for all associated costs.

_____ Do NOT perform any extractions/procedures without contacting me first. If I cannot be contacted at the above phone number during the procedure,

_____ Perform any extractions/procedures deemed medically necessary by the doctor. You will be responsible for all associated costs.

_____ Do NOT perform any extractions or additional procedures. I understand that if my pet requires an additional anesthetic procedure in the future, I will be responsible for all additional costs at that time.

FOR LUMP REMOVALS: It is recommended that all growths be sent to a laboratory for biopsy. The pathologist will give us a diagnosis and help us to determine prognosis and necessity of any further treatment. The cost for 1 biopsy is \$92. Each additional biopsy is \$24. _____ I accept _____ I decline _____ Doctor's discretion

I am the owner or fully authorized agent of above described animal and I authorize the procedure described above to be performed. I understand all reasonable precautions will be used against injury, escape, or death of my pet. I also understand all procedures involve minimal risk to the patient and I will not hold Lake Mary Veterinary Clinic, doctors or staff liable or responsible in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks.

I understand that during the course of the operation/procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. If I cannot be reached at the provided emergency contact number, I hereby authorize the performance of any additional procedures that the veterinarian finds to be medically necessary. I understand that I will be responsible for all the associated costs.

I have read the foregoing and agree.

Client signature

Date Staff Initials