

SURGERY CONSENT FORM

Henderson County Animal Clinic

600 South Broad Street

Lexington, TN 38351

(731) 968-4424

I request that my pet, _____, receive the following procedure:

_____.

(1) This surgical procedure requires the use of a general anesthetic. We recommend all pets receiving anesthesia and/or surgery have a few simple blood tests performed to evaluate their overall health. With your permission, we will run a chemistry panel. This test evaluates kidney function, liver function, protein levels, and diabetes. (These are the same type of blood tests you and I would receive before surgery.)

This blood work is an additional \$40.00.

Do you want us to run this blood work? YES ___ NO ___

(2) It is important to have immediate access to your pet's bloodstream during surgery. For safety, our doctors recommend an IV catheter and fluids to maintain your pet's blood pressure and flush the organs that handle anesthesia.

IV catheter and fluid therapy are an additional \$30.00.

Do you want an IV catheter and fluid therapy on your pet during surgery? YES ___ NO ___

(3) Surgery is painful for animals, just like humans. We feel pain management is an important part of your pet's recovery. For an additional fee of \$15.00, we will give your pet pain medications to take home for several days post-operatively.

Post-operative pain medications are an additional \$15.00.

Do you want your pet to receive post-operative pain medications? YES ___ NO ___

Special requests (vaccines, E-collar, etc): _____

Signature: _____ Date: _____

Phone Number: _____