Surgery Consent Form
Client Name: {FULLNAME} ID# {ID} {CURRENTDATE[SHORT]}

	Patient Name: {NAME} ID : {PATIENTID}	{SPECIES}	{BREED} {AGE}	1
s	Surgical Procedures :			
				I
	IMAL CLINIC REQUIRES ALL PETS TO BE UP TO DATE TROGNLY RECOMMEND HEARTWORM AND FECAL TESTING			DURE
Medical History Current on vaccir	nations? Yes No Heartworm Test? Yes No	Fecal? Yes No		
Is your pet taking	any prescribed and/or over the counter medication? _			
When did they ha	ave it last? How mu	ch was given?		
If fleas or ticks a	are present at the time of surgery treatment will be r	endered at the owners expe	nse.	
All surgery patie	ents will have an IV catheter placed and IV fluids ad	ministered during the proce	dure.	
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Pre Anesthetic Bloodwork \$106.50	Pre-anesthetic labwork is essential in providing the detect internal issues that could affect the safety of loss (such as liver and kidneys), anemia, infectio electrolyte imbalance.	f anesthesia for your pet. Exa	mples include, organ function	
	THIS LABWORK IS REQUIRED FOR ALL PATIENT	S 7 YEARS OF AGE OR OLD	DER	
		accepted declined		
Home Again Microchip ID \$82.00	If accepted, a "Home Again" Microchip will be implanted under your pets skin . This chip will be registered with			
		accepted declined		
Histopathology (Biopsy) \$215.00	If your pet is undergoing a mass removal procedure today it is reccomended that the tissue collected be sent to our outside laboratory for histopathologic testing. This provides information such as, what kind of mass was removed (benign vs. malignant) and if it was excised entirely. If the mass is determined to be malignant the lab will grade the mass and give a prognosis/percentage of recurrence.			
	accepted declined			
If post-op medica	ations are prescribed, do you prefer ☐ Liquid or ☐ Tab	let form? (Not all medications	will have an option of form)	
above, as well as understand there at this practice ha	the above pet, I certify that I am over the age of 18 and is those deemed necessary to treat life-threatening ements are risks inherent in these services that can result in save explained the procedures to me, answered questions sults. Further, I understand that I am financially respon	rgencies. As with all anestheti erious complications and ever ns to my satisfaction and canr	ic, treatment, and/or surgical proced n death. I acknowledge that staff me not be held responsible for any	dures, I
Client Signature	Dat	te: {CURRENTDATE[SHORT]]	}	

Contact Number: (primary) _____ (secondary)_____