

**YALESVILLE VETERINARY HOSPITAL
322 CHURCH STREET
YALESVILLE, CT 06492**

SURGICAL CONSENT FORM

CLIENT NAME: _____ ACCOUNT # _____
PET NAME: _____ DATE: _____

MY PET IS IN TODAY FOR THE FOLLOWING PROCEDURE: _____
IS YOUR PET CURRENTLY ON ANY MEDICATIONS? _____
WHEN WAS THE LAST TIME DOSE WAS GIVEN? _____
ANY ALLERGIES TO MEDICATIONS: _____

**** Please Read Carefully and Sign ****

Your pet is here today for anesthesia and a surgical procedure. Rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To minimize this risk, we will perform the following procedures:

Blood Screening Test: This helps to evaluate organ function, hydration, and red blood cell count.....
Cost included in estimate

EKG: This test helps to detect rhythm irregularities and heart enlargement that can't be detected during physical examination.....
Cost included in estimate

Intravenous Catheter: this will provide access to your pet's vein for delivery of medications and fluids at
No Additional Cost for spays/neuters/declaws and dentals

Intravenous Fluids: this helps to maintain blood pressure, hydration, and body temperature at
No Additional Cost for spays/neuters/declaws and dentals

Post-Op Pain Injections: This helps to ease pain and promote healing.....
Additional Cost – is determined by weight of pet.

Please be aware that surgeries are performed throughout the day. The order is determined at the surgeon's discretion after all patients have been admitted. You will be called when your pet's procedure has been completed.

If any abnormalities are found I can be reached at the following phone number,
this morning _____ afternoon _____

Would you like us to text you? Yes _____ No _____

I, the undersigned, have read and fully understand the above information and procedures.

DATE: _____ SIGNATURE: _____

If fleas are present upon examination, we will apply a flea elimination product to your pet at a charge of \$15.
Please understand that this is necessary to safeguard our hospital.

Your pet can be micro-chipped while he/she is here today. The cost is \$55.50 which includes many benefits such as lost pet recovery network and 24/7 emergency medical hotline.

_____ Yes, I would like my pet micro-chipped today.

_____ No, I decline this service today.