

Consent For Surgical Growth Removal

Owner _____ Patient _____

Canine Feline Other _____ Male Female Breed _____ Age _____

Other procedure(s) or Operation(s) _____

Please answer and initial the following questions and statements.

- Pre-anesthetic blood work is recommended for all pets prior to any procedure that uses a general anesthesia. This blood work will not prevent complications to anesthesia but may reduce the risk of complications by postponement or change of a procedure, operation, or anesthetic protocol.

All pets over the age of 2 will require age appropriate bloodwork for procedures estimated longer than 15 minutes. Any pet with medical problems may be required to have appropriate bloodwork to determine if anesthesia is safe.

I have read and understand the above statements. _____ Initials

Under 2 option for routine surgeries:

I decline the recommended preoperative testing for my pet under 2 years old. Decline _____ Initials

- With modern anesthetics and procedures your pet is relatively safe in undergoing the procedure it is here for. However, unforeseen complications can always occur. Additional supportive, IV fluids, can be done to improve the safety of your pets anesthesia and surgery. IV fluids will better support the cardiovascular system and reduce stresses on the kidneys and liver.

All pets will have an IV catheter placed for their safety regardless of age for anesthetic procedures

All pets over the age of 7 will require IV fluid support for procedures estimated longer than 15 minutes.

All pets will require IV fluid support for major procedures that are not routine in nature.

I have read and understand the above statements. _____ Initials

Under 7 option for routine surgeries: Do you want additional fluid supportive care done?

This service costs and additional \$30.00 Yes No _____ Initials

- Surgery and other procedures can cause some discomfort for your pet. Many pets do well with rest alone but others may recuperate much faster with pain management. Pain medications are part of our routine surgical protocols.

Pain medication will be given at the hospital for invasive surgeries.

I have read and understand the above statements. _____ Initials

Home Medication Option: Do you want your pet to have pain medications sent home?

Pain medications sent home cost and additional \$20.00 - \$50.00 Yes No _____ Initials

- We can permanently identify you pet with the Home Again pet retrieval system. An implanted microchip will give your pet an identification number that can be checked across the country by Veterinarians, Animal Shelters, and Animal Control.

Do you want a Home Again Microchip for your pet?

This service costs an additional \$47.00 Yes No _____ Initials

- Routine vaccinations, tests, and procedures can be done while your pet is at the hospital.

Please circle any of the following you would like done while your pet is here.

Dogs: DHPPC Rabies Bordetella Heartworm test Fecal Anal glands Clean ears Flea and Tick treatment

Cats: FVRCP FeLV Rabies FeLV test FIV test Fecal Clean ears Ear Mite treatment Flea and Tick treatment

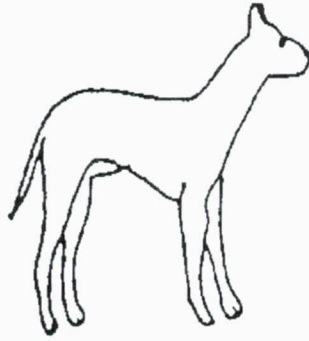
Other _____

Additional charges apply to all of the above. _____ Initials

Please read and sign the back of this form



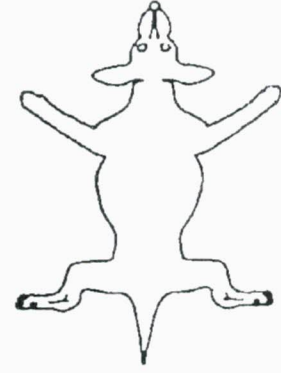
Left Side



Right Side



Underside



Topside

Please Mark the area(s) where the growth(s) to be removed are located.

Do you want the growth tested by a pathologist to determine what it is?

Yes NO Cost \$ _____ Single \$ _____ Double

Consent for Services

I, the undersigned, am the owner / agent of the above described pet. I give consent to Bradshaw Mountain Animal Hospital to perform the above mentioned procedure(s) or operation(s). In consenting to the above procedure(s) or operation(s) I authorize the use of anesthetic and/or medications as deemed necessary by the veterinarian. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitates an extension or change of the foregoing procedure(s) or operation(s). Therefore, I hereby consent to and authorize the performance of such additional or different procedure(s) or operation(s) as are necessary in the veterinarian's professional judgment. I understand the nature of the procedure(s) or operation(s) and realize that there are risks and results can not be guaranteed. I have acknowledged my acceptance or decline of the pre-anesthetic blood work, vaccinations, tests, and medications above.

Payment Statement

I am aware of the fees involved and that I may request a written estimate of the services to be performed and understand that the estimate is not a guarantee of the exact amount of the services performed. I understand that payment is expected at the time of service for all procedure(s) or operations. If my pet is hospitalized I agree to pay the accrued balance at the end of each week or upon release whichever occurs first. In the event that my pet does not survive, I understand that I am still responsible for the charges incurred during the procedure(s) or operation(s). I also understand that a deposit may be required before services can be rendered.

Notice of After Hours Care

I am aware that there is not a Doctor or staff member that stays at the premises where my pet is hospitalize after normal office hours.

Notice of Medication Sources

Many medications that are prescribed to your pet are also available at pharmacies. If you would like to fill your prescriptions at a local pharmacy please inform us before medications are prescribed.

I have read and understand this authorization and consent and have answered the previous questions to indicate any additional services.

Printed Name _____ Date _____

Signature _____ Phone _____