

Town & Country West Vet Clinic
1770 Powder Springs Rd. SW
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SURGERY CONSENT FORM

Date _____ Pet's Name _____
Owner _____ Species _____
Address _____ Breed _____
_____ Sex _____

I hereby authorize Dr. _____ and/or such assistants as selected by him/her, to perform the following procedures upon my pet:

During the operation, unexpected circumstances such as heat, pregnancy, undescended testicles, pyometra, cystic ovaries, etc., may require additional or different procedures, incurring extra charges. I authorize the named surgeon and assistants to perform necessary procedures based on their professional judgment. I understand medicine and surgery are not exact and no guarantees on results have been given. I am informed of associated risks and consequences.

All animals undergoing surgery will have an IV catheter placed. IV fluids help maintain proper blood pressure and flow as well as helping to protect the organs. In addition, we readily have a port available to administer potentially life-saving therapy.

Surgeries involve pain that often lingers over a few days. Pets can be stoic and sometimes they do not let us know that they are in pain. All animals will receive pain medications the day of the surgery. For dogs, take home medication will be dispensed.

To enhance my pet's recovery experience, the clinic can administer a Cerenia injection if needed, it is designed to alleviate nausea and stomach discomfort in dogs and cats for up to 24 hours, ensuring a smoother and more comfortable recovery. I understand this injection is available at a cost between \$30 and \$50, depending on my pet's weight. Accept _____ Decline _____ At Doctor Discretion _____

All animals admitted must be current on their vaccinations.

Pre Anesthetic Blood Work: A pet that appears healthy may still have hidden illnesses. Should a problem be found, anesthesia can be postponed or adjusted to fit your pet's needs. \$89.00. _____ request _____ decline

E-Collar: To keep pet from licking surgery site. Between \$12 - \$26. _____ request _____ decline

Microchip: Pet identification. \$70.00. _____ request _____ decline

Laser Therapy: Laser therapy is the use of an intense beam of laser light directed into tissues to reduce pain, increase blood flow, decrease inflammation and promote healing of the incision. \$17.00 _____ request _____ decline

Histopathology: \$157.00 _____ request _____ decline **Stone Analysis:** \$99 _____ request _____ decline

Would you like your pet's nails to be trimmed while under anesthesia? (Complimentary) _____ request _____ decline

For all procedures necessary to maintain oral health (extractions, bone replacement mixture, antibiotic gel, open root planning, etc.) that are discovered through dental examination and X-rays, I agree to one of the following:

A) Perform oral surgery at the doctor's discretion to ensure a healthy mouth. **I don't need to be contacted** first and I understand advanced dentistry can increase the total bill up to an additional **\$300-\$600**. _____.

B) You may perform oral surgery without contacting me but **do not let my oral surgery bill exceed \$**_____ without contacting me first. _____.

C) **Do not perform oral surgery without contacting me first.** I understand you will make one attempt to contact me, and that my pet will be anesthetized when you call. If I don't answer your call, my pet will be recovered from anesthesia without the needed treatment being performed, and that will result in my pet needing a separate procedure in the future. _____.

PLEASE LIST ALL MEDICATIONS YOUR PET IS ON: _____

Has your pet had any food or water in the last 8 hours? _____

Signature of Owner

Number where you can be reached TODAY

Employee: _____

We are committed to keeping you informed during the process by contacting the emergency number provided below in case of any additional concerns. However, if we cannot reach you at the specified number, please understand that addressing the concern(s) during the operation may not be feasible. In the event of a serious, life-threatening medical condition and our inability to contact you, we reserve the right to administer treatment to your pet at our discretion, with any associated costs being your responsibility