



**VETERINARY
CENTER
Surgical Consent Form**

Pet's Name _____ Owner's Name _____

Phone Number(s) where you can be reached during surgery (very important!)

ALL PETS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL AND INTERNAL PARASITES. ANY PET FOUND TO HAVE FLEAS, TICKS, OR INTESTINAL WORMS WILL BE TREATED AT THE OWNER'S EXPENSE. Dogs- Current on Rabies, DHLPP/DA2PP, Bordatella (kennel cough), and intestinal parasite check within one year. Cats- Current on Rabies and FVRCP

SURGICAL PROCEDURE:

- Spay (for females) Complimentary nail trim, anal gland expression and ears cleaning included.
- Neuter (for males) Complimentary nail trim, anal gland expression and ears cleaning included.
- Growth/Tumor removal- Do you want sample sent out to be further analyzed? Yes No
- Other: _____

PREANESTHETIC PROTOCOL/LABORATORY TESTS:

Preanesthetic bloodwork is a safety screening to assure proper organ function, clotting ability, detect anemia or infection, and a baseline for future reference. IV fluid therapy maintains blood pressure, replaces blood loss, speeds recovery, and can be used to administer emergency life-saving drugs. If you have any questions, please ask to speak to a veterinarian. IV fluids are given at the veterinarian's discretion. **If Antibiotics are required, do you prefer liquid or tablet form, if given a choice?

ADDITIONAL SERVICES REQUESTED (while under anesthesia):

- Microchip (Permanent identification recognized worldwide)

PRE-SURGICAL DEPOSIT REQUIRED

Major surgeries, critical care, and emergencies require an advance deposit.

I understand that during the performance of this procedure, unforeseen conditions may be revealed that require an extension or variation of the procedure(s) listed above. I expect Long Trail Veterinary Center to use reasonable care and judgment in performing the procedure. The nature of the procedure and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the pet's care.

Signature of Owner/Agent

_____ Date _____

Initials of Staff Member _____ Date _____

Pre-Surgical Instruction

- ✓ Admitting time is either the night before or between 8am-8:15am the day of surgery. If other arrangement need to be made let us know.
- ✓ No food or treats after 8pm the evening prior to surgery/anesthesia. Fresh water should be available at all times.
- ✓ Please allow plenty of time for you pet to empty bowels and bladder before being admitted to hospital. Dogs should be walked.
- ✓ Surgery is performed in the morning. We will call you in the afternoon to provide a progress report on your pet's condition and discharge time.
- ✓ If your cat is being declawed you will need to use newspaper or recycled paper pellets as litter for 7-10 days after surgery.
- ✓ Hospitalization and ward care charges will incur each day your pet is in our care. These charges include:
 - Daily physical exam with a doctor
 - Daily treatments as needed with technician/doctor
 - Daily walks outside with a technician
 - Daily feedings
 - Daily cage cleaning/disinfecting
- ✓ Please contact us if you have any questions or concerns about the surgical procedure or if your pet has any changes in condition prior to surgery.
- ✓ Please contact us if you are unable to make your appointment at least 24 hours in advance so we can schedule appropriately.