



Pre-Surgical Consent Form for Dogs

Please read the following information carefully-anything you authorize on this form can add additional costs to your bill.

Pet's Name: _____

Anesthetic procedure(s) to be performed: _____

Has your pet eaten today? Yes _____ No _____

Please list any medications your pet is currently taking: _____

Before putting your dog under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver and kidneys, are not detected unless blood screening is performed. Pre-surgical blood screening will check the status of your pet's liver and kidney functions as well as their glucose level.

I authorize the pre-surgical blood screening for an additional \$41.25.

Yes _____ No _____

Bleeding disorders are diseases in which blood does not clot normally. These disorders can be relatively minor problems OR rapidly life threatening.

While any breed of dog may have this problem, common breeds that are predisposed to bleeding disorders are: Golden Retrievers, Cocker Spaniels, Poodles, Boxers, Akitas, Basset Hounds, and Doberman Pinschers. Before surgery we can perform two simple tests to detect many of these disorders.

I authorize testing for bleeding disorders for an additional \$58.25.

Yes _____ No _____

Pain medication is required and will be administered and/or sent home at the doctor's discretion. Price may vary with the size of your pet and the type of procedure performed.

Owner's Initials _____

While your dog is under anesthesia we offer microchipping at a discounted price of \$56.25 (normally \$70.25).

Yes _____ No _____

Mass Removals Only:

A Histopathology "Histo" Report can help determine if a lump is cancerous or non cancerous. If it is cancer, it can also determine the type and extent of it. We send out our samples to an outside laboratory where a pathologist performs a close examination of the tissues and cells present. We receive results typically in 3-5 business days. The price depends on the type and number of samples sent. Additional samples sent in will increase the price.

I authorize Histopathology Testing

Yes _____ No _____ Please specify site(s): _____

I understand that if my female dog is being admitted for an ovariohysterectomy (spay), and at time of surgery is found to be "in heat" or pregnant, there will be additional charges for the procedure. This is due to additional surgery and anesthesia time required to perform the procedure.

For your pet's safety, **all dogs must be on a leash or in a carrier when leaving the clinic. We have complementary leashes by our front door if you did not bring one with you.*

**If your pet shows signs of fleas while they are here, we will treat them with a fast acting flea medication at an additional cost and will recommend you purchase flea preventative for further treatment at home.*

Authorization and risk assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) are started. My signature on this consent form indicates that questions have been answered to my satisfaction.

I authorize Pioneer Veterinary Clinic to perform any additional diagnostic treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Pioneer Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Pioneer Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM

Owner/Responsible Agent _____

Date _____ Phone _____

(This number is one that you can be contacted at while your pet is here.)