

All Pets Animal Clinic, PC
1420 Lake Street • Spirit Lake, IA 51360 • 712-336-3647

SURGERY CONSENT FORM

Date: _____

Client Name: _____ Pet Name _____

Contact Phone number: _____ Breed: _____

DOB/Age: _____ Male: _____ Neutered: _____ Female: _____ Spayed: _____

Procedures to be performed: _____

Yes No Has your pet fasted for 12 hours?

Yes No Were antibiotics given today?

Yes No Is your pet allergic to any drugs? If yes, list: _____

Yes No Has your pet been vaccinated in the last 12 months?

If no, check the ones currently due:

CANINE: Distemper/Parvo _____ Lyme _____ Rabies _____ Kennel Cough _____

FELINE: Distemper _____ Feleuk _____ Rabies _____

Procedures recommended to be performed:

_____ Yes _____ No Heartworm Test

_____ Yes _____ No Intestinal Parasite Exam

_____ Yes _____ No Feline Leukemia / FIV Test

_____ Yes _____ No Home Again Microchip

Surgical Options (strongly recommended) – additional charges will apply

Patients under 7 years of age: 6 chemistry Profile & CBC Yes _____ No _____

Adult, geriatric and sick patients: 12 Chemistry Advanced Profile & CBC Yes _____ No _____

Recommended for ALL pets: IV Catheter, Fluids, Blood Pressure. Yes _____ No _____

(To allow easy access to a vein in case rapid administration of drugs becomes necessary while your pet is under anesthesia. IV fluids maintain hydration and protect organ function)

Laser Surgery: Provides less pain, swelling, bleeding, infection Yes _____ No _____

I authorize AllPets Animal Clinic to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenances of my pet's health and well-being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I realize that neither guarantee nor warranty can ethically or professionally be made regarding the result, or cure. I also authorize the hospital director and his staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet. I understand the fees due for my pet's care will be paid in full at the time of discharge. I realize that in many cases, it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases, AllPets Animal Clinic will attempt to estimate the cost of such treatment. Pets are checked for fleas and if need treated it is at the owner's expense. If the actual charges are more than 10% over the estimated charges, I will be notified of the increase.

Signature of Owner or Agent

Date

Admitted By: _____