

# Animal Clinic of Troy

1589 McKaig Road

Troy, OH 45373

937-339-4582

## CONSENT FORM SURGERY/BLOODWORK

File Number:

Patient Name:

Client Name: NO NAME

Species-Breed:

Address:

Color-Sex-DOB:

City/State/Zip Code:

Telephone Number:

I the owner, or agent for the owner, hereby consent and authorize the following procedure(s):

I understand during the performance of the foregoing procedure, unforeseen conditions may necessitate an extension of the procedure, or different procedure(s) than those set forth above. Therefore, I consent to the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed. We recommend all patients admitted for surgery have a pre-op blood work panel cost of such is an additional \$60-\$200 to screen for any pre-existing internal medical conditions. Additionally we recommend an e-collar or medical shirt which is an additional \$30-\$40 to prevent the patient from licking/chewing open the incision. Cost to repair damages is at the owners expense. An injection for pain relief is also offered which range from \$25-\$45.

### I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number \_\_\_\_\_

#### BLOODWORK

Please complete the recommended blood work on my pet. If abnormalities are found, I can be reached at the above phone number to discuss available options.

PLEASE INITIAL YOUR CHOICE

YES \_\_\_\_\_

NO \_\_\_\_\_

#### POST-OP PAIN MEDICATION

Please administer the appropriate pain relief medication to my pet post-op.

PLEASE INITIAL YOUR CHOICE

YES \_\_\_\_\_

NO \_\_\_\_\_

#### ECOLLAR/ MEDICAL SHIRT

I have elected to purchase the e-collar or medical shirt for my pet post-op. I understand that declining this option increases the chance of post-op damages and infections from licking/chewing.

PLEASE INITIAL YOUR CHOICE

YES \_\_\_\_\_

NO \_\_\_\_\_

PLEASE CIRCLE YOUR CHOICE

MEDICAL SHIRT

E-COLLAR

**\*\* Vaccines *MUST* be current at the time of procedure or required vaccines will be administered. It is the client's responsibility to provide any vaccine records prior to leaving the patient or the client will be charged accordingly.**

Dogs: Distemper/Parvo (DHLPPVCV) combo, Rabies, Bordetella, Influenza

Cats: Distemper (PRCP)