Medical and Surgical Consent Form

Client	Patient	Date
		I measures to better protect you and your pet:
♦ Healthy patients 1		Cost \$82.00
Includes:* BUN (Kidney) *AL		Total Protein (Hydration) * ALT (Liver)
Senior (over7 year Includes:*All tests in Healthy a	rs of age) patients/sick patients unimal profile, plus:	Cost \$98.50
*Albumin (Protein) *Ph *Cholesterol	nosphorous (Kidney) *Calcium (Tumo	ors) *Total Bilirubin (Liver) *Amylase (Pancreas)
Please complete the re	ecommended blood work prior to surg	ery on my pet.
	ne the recommended pre-anesthetic bl thesia or performing surgery on an an Pain Medica	
We offer pain management med	dication for your pets comfort after su	rgery. This consists of one injection of <u>Butorphanol</u> after
		your pet, which will continue to help relieve post-surgica
Please give Butorphar	nol injection after surgery	Cost \$18.00 – \$25.00
	<u>Laser Thera</u>	u <u>py</u>
Laser therapy is a non-pharm	naceutical way to decrease inflamm	nation and provide anti-pain benefits after surgical
procedures. It can reduce itc	hing, irritation, and redness around	l surgical incisions. Basically, laser therapy
"supercharges" the cells, hel	ping to expedite the healing proces	s and make the pet more comfortable after surgery.
Please use Laser Th	erapy, as recommended by the vete	erinarian. Cost \$15.00
*****	<u>Vaccinations</u> LL PATIENTS MUST BE CURRE	NT ON DADIES VACCINE***
		is. Surgery causes at least a minimal amount of stress on
.		ans know the horror story where an unvaccinated patient
• •		er preventable disease. We strongly recommend you have
your pet vaccinated prior to any		or proventable disease. We strongly recommend you have
Please update my pet	with the recommended vaccinations.	
If your pet is	s pregnant or in-heat at the time	of surgery, an extra charge is added.
revealed that necessitate an e	extension of the foregoing procedur	edures or operations, unforeseen conditions may be res or operations, or different procedures or in the exercise of the veterinarian's professional
I also authorize the appropria		ons, and I understand that hospital support personnel
± •	necessary by the veterinarian.	ions and the risks involved. I realize that results
cannot be guaranteed.	F	
_	his authorization and consent.	
Signature of Owner or Agen	t	Phone #