

FELINE ANESTHESIA / SURGERY / TREATMENT CONSENT FORM

Form Must Be **Completed** To Be Accepted-no Blanks!

Owner's Name: _____ Pet's Name: _____ My Pet's Age: _____*

Procedure Pet is here for: _____ I understand that if my pet is **over** the age of 8 years-he/she **IS REQUIRED** to have routine blood work performed **PRIOR** to the surgery/procedure today in order to provide the best opportunity for safety while under anesthesia. **The fee for this is an additional.** I agree to pay the cost for the bloodwork by **Initial Here** _____

EMERGENCY Telephone Numbers where I may be reached **while my pet is under anesthesia**

#1 (____) _____ - _____ #2 (____) _____ - _____

I attest that I will be available at the numbers listed above while my pet is in Vienna Vet Clinics care. If I am unreachable-at any time-while my pet is in surgery-the doctor will use her best educated decision regarding the health of my pet and any financial implications are fully my responsibility.

Initial Here _____

1. Did your pet **eat or drink** anything since 10pm the night before surgery? **Yes** **No**

I certify that my pet has not eaten any food or drank liquids since midnight last night. **HOWEVER**, if I am unsure whether my pet has had water or eaten anything today, I accept all responsibility for assuming the increased risks of complications that can arise from my pet's aspiration (such as inhalation of regurgitated stomach contents) while under sedation, anesthesia, or while recovering from anesthesia – and do hereby agree to hold VVC harmless from any and all liability associated with such increased risk for potential complications (incl. possibility of death) to my pet. **Initial**

Here _____

2. Date of **last vaccine(s)**: **Rabies** _____ **FVRCP** _____ **FELV+RCPC** _____

3. Date of last **Fecal Exam**: _____ Last **Heartworm Test**: _____ *Patients not currently on heartworm prevention or who have not been recently tested are at a **GREATER RISK** under anesthetic complications. I understand the risk by **Initialing Here** _____

4. Does your pet exhibit any **signs of illness**: **Yes** **No** If yes, list symptoms: _____

5. List the current medications your pet is on. Make sure to list **HOW** you give it, **WHAT** the dose is, **WHEN** the last time medication was given. *We will not be responsible for adverse reactions caused due to your lack of providing appropriate information.*

MEDICATION (Name of Medicine)	FORM (EX: Tab, Cap, Injectable)	DOSAGE (How much is given?)	WHEN WAS THE LAST TIME THIS MEDICATION WAS GIVEN TO YOUR PET: (When Administered?)	
			AM	PM
			AM	PM
			AM	PM

6. List pet's past surgeries & dates: _____

7. Has your pet had any previous **reactions to anesthesia**? **Yes** **No** If yes, list reaction: _____

8. List any **behavioral concerns** (biting, needs special handling, etc.) _____ **None**

9. Is your pet **allergic** to any medications/drugs: **Yes** **No** If yes, explain: _____

10. To aid in healing, **a laser light therapy treatment** will be performed on your pet after surgery. Choose from the following:

Yes I understand and authorize any treatment, risks are involved and give my consent to use this treatment method.

OR **No** I am **DECLINING** the use of laser light therapy to help aid in the healing process of my pet.

If your pet has had any of the following, laser light therapy may be harmful. Please answer to the best of your knowledge.

Has the above named pet ever been diagnosed/suspected of having any of the following:

- Any form of cancer **YES**-Date _____ **NO**
- Diabetes **YES**-Date _____ **NO**
- Steroid Injection **YES**-Date _____ **NO**
- Possible Pregnancy **YES**-Date _____ **NO**, pet is spayed or male
- Thyroid issues **YES**-Date _____ **NO**
- Bleeding disorder **YES**-Date _____ **NO**
- Screws, Plates, Bullets, Bee Bees, Metal-of any kind inside his/her body **YES**-Date _____ **NO**

11. List any belongings left with your pet:

(VVC will not be held responsible for any lost items)

Would you like any additional services while your pet is under anesthesia: (check choices)

**All vaccines given have a \$50 exam fee in addition to vaccine price.*

- Rabies (\$20-25) *
- Feline Leukemia Vaccine (\$50-55) *
- Feline RCPC (Feline Distemper) (\$20-25) *
- Nail Trim (\$12-20)
- Microchip (\$50-55)
- Ear Cleaning (\$15-\$20)
- Fecal (\$42-48)
- Pain Meds for Home
- CBC Test (\$32-\$75)
- Pathology (\$280+) for any lumps removed

- Feline Combo Test – Aids/Leuk (\$45-55)
- Kidney Panel SDMA / T4 (\$38-\$55)
- Apply Transdermal Flea Treatment (\$22-37)
- Recova Shirt (\$15-30 versus Elizabethan Collar (\$5-20)
- Internal Organ Levels Chem w/ Lytes (\$70 - \$100)
- Add'l Items:

I authorize Palmer Veterinary Services, llc dba Vienna Veterinary Clinic, (forward referred to as "VVC") staff to perform the above-mentioned medical procedure(s) and/or treatment on my pet-which may or may not include hospitalization, sedation, anesthetize, prescribing of medication, X-rays, and/or perform any treatment as they may deem necessary for my pet with relation to the above procedure(s). I understand and acknowledge that during the performance of the above-mentioned procedure(s), unforeseen conditions and circumstances might arise or might be revealed that necessitate (1) an extension of the above procedure(s) and/or (2) different procedure(s) being required in addition to the above-mentioned medical procedure(s). Therefore, having been advised of this possibility, I authorize the performance of such procedure(s) as are necessary in the exercise of the veterinarian's professional judgment.

I agree to pick up my pet at **4:30pm today** unless other prior arrangements have been made. I understand that failure to retrieve my pet may be considered "abandonment." If my pet is considered abandoned, I understand and agree that my obligation to provide full and complete payment of all medical care, boarding, and related fees regardless of the outcome of the medical procedure(s).

I acknowledge and understand that the above stated procedure(s) bear(s) certain known and unknown risks or unanticipated risks, which could result in injury to my pet, including, the possibility of its death. I have been informed of the risks and the benefits associated with performing the above medical procedure(s) on my pet. Ex: allergic reactions from medications and/or complications presenting during (or after) surgery. I have been given the opportunity to ask any questions and discuss any concerns I have regarding such risks before any treatment or procedure is initiated. I acknowledge and understand that neither the veterinarian nor the staff of VVC, are able to provide me with a guaranteed outcome for the veterinary medical treatments to be performed on my pet. I understand and acknowledge that I can terminate treatment of my pet, at any time prior to the procedure, by verbally contacting the veterinarian.

I understand and agree that full payment of my invoice for services performed is due before my pet can be released back into my care. This may include any related flea or tick treatment medications administered; additional charges for unforeseen things that can sometimes arise while my pet is under anesthesia. (Ex:an enlarged uterus due to being in heat; an enlarged prostate, excessive bleeding, etc.)

I authorize and consent for treatment to be provided for my pet for fleas and/or ticks in the event that my pet arrives with a visible infestation, so as to best protect my pet from parasites and their associated diseases, and to prevent VVC from becoming a source of parasites for others. I agree to assume responsibility for providing payment of all fees related to the flea andges as herein described.

I acknowledge that there are many factors that play a role in determining the outcome of veterinary care and treatment. These associated factors include, but are not limited to, my pet's age, breed, genetics, ability to heal, stage of the illness/disease, and my ability to follow pre-surgical instructions and provide the recommended at-home care for my pet. I expressly agree to release VVC its agents and its representatives, from liability for any/all damages to my pet and to hold VVC, its agents and its representatives harmless from any and all liability (except in the case of gross negligence) associated with the above-mentioned medical/surgical procedures being performed on my pet. I understand and have been advised that it is my responsibility to be compliant in following the directions given to me regarding the post-surgical process with my pet. Failing to follow the instructions given may result in complications, including financial, and I assume full responsibility.

I recognize that VVC does not bill insurance. It is my responsibility to pay VVC directly and in full and seek reimbursement for services with my insurance provider.

**In case of emergency, I understand that VVC will make every attempt to contact me by phone. However, depending upon the circumstances, in the event that they are unable to contact me prior to rendering emergency treatment on my pet, the following decisions have been made by me regarding the rendering of emergency and/or resuscitative care and treatment to my pet:

Choose only ONE:

- YES** - Please resuscitate my pet **OR**
- NO** - Please do **NOT** resuscitate my pet.

Upon my signature below, I certify that: (1) I have read all of the above statements; (2) I understand and agree with the above statements by initialing beside each statement; (3) I have been informed of the potential risks and benefits related to these medical procedures and treatment; (4) prior to signing this form, I have had all my questions answered and concerns addressed by the staff or veterinarian, to my satisfaction; and (5) I consent to the procedure(s) being performed on my pet.

Owner/Responsible Party Signature: _____ Date: _____

STAFF ONLY:

This patient is due for the following: _____
 VVC Staff Member Performing Intake: _____ Time:_____