

Finchville Animal Hospital Surgical Consent

Owner: _____ Date: _____

Pet Name: _____ Procedure: _____

My pet has been scheduled for a procedure involving anesthesia. I understand that every step will be taken to ensure my pet's safety, but there is always a risk with the use of anesthesia. I understand that FAH employs the use of monitoring equipment while my pet is under to ensure the safest possible environment. I understand FAH will use reasonable precautions against surgical complications of my pet's procedure, but FAH will not be held liable or responsible in any manner in connection to natural risks or surgery, including death. I thoroughly understand these risks.

To better ensure your pet is healthy enough to be put under anesthesia, FAH recommends performing a pre-anesthetic profile. This tests your pet's organ function and blood counts to ensure the anesthesia is used properly in their body. **The full pre-anesthetic profile and IV catheter is REQUIRED if your pet is over 7 years of age.** Also, if your pet is in heat or pregnant, there will be an additional cost of \$20-75 more for spay procedures. DENTAL procedures may have additional **\$17-52/tooth** if any teeth must be extracted. **If we have never seen your pet before, there is an Exam fee of \$48.00.** Please check Yes or No to the following:

Pain Relief to go home-4 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Mini Pre-Anes. Panel/ CBC \$82.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Complete Chemistry/ CBC \$184.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Additional Pain Injection \$18-\$59	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nail Trim \$16	<input type="checkbox"/>
IV Fluids Administration \$50	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ear Cleaning \$ 12	<input type="checkbox"/>
Histopathology \$266.84	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ear Cytology \$33	<input type="checkbox"/>

All Charges will be paid in full upon release from the hospital. Please indicate if your pet is not current on the **required vaccinations** and we will update those vaccines while they are here.

Canine: ☐ Rabies \$15.25 ☐ Distemper-Parvo \$22.00 ☐ Leptosporosis \$13.00

Feline: ☐ Rabies \$15.25 ☐ FVRCP \$23.00

We also recommend these services. Please indicate if you would like to have these treatments done today as well.

Canine: ☐ Intestinal Parasite test \$22.00 ☐ Heartworm Test 4DX \$58.00

☐ Bordetella (Kennel Cough) \$17.50 ☐ Influenza Vaccine \$48.00

Feline: ☐ Intestinal Parasite test \$22.00 ☐ FeLV/FIV/HW Test \$58.00

☐ FeLV Vaccine \$29.00

Would you like your pet **Microchipped?** \$62 ☐ Yes ☐ No

If your pet has fleas, you will be charged for the treatment. Any fleas must be immediately treated so they do not infest our hospital. Also, there may be medications the doctor deems necessary for your pet to go home with that may also be an additional charge. Please leave all phone numbers where you may be reached today:

Home/Cell _____ Email Address _____

I being responsible for the above-described animal, have the authority to grant you my consent to receive, prescribe, treat and or operate on this pet. I understand the surgery or procedure, and consent. After reading the above carefully, I agree with the terms.

Owner's signature _____