

**COOK VETERINARY CLINIC PLLC
SURGERY CONSENT FORM**

Owner Name: _____ Best # to reach you at: _____

Animal Name: _____ Species: Feline: _____ Canine: _____ Male/Female (circle one)

Date of last Rabies Vaccination: _____ Recent/Current Meds: _____

I am the owner or agent for the above described animal and have the authority to execute the consent.

I hereby consent and authorize the performance of the following procedure(s): _____
under general anesthesia.

I understand that during the performance of the foregoing procedures there are inherent risks and unforeseen conditions may be revealed. If necessary, an extension of the foregoing procedures may be performed. Therefore, I hereby consent to and authorize the performance of such procedures as deemed necessary and desirable by the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medication, and I understand that hospital support personnel will be deemed necessary by the veterinarian. Although this facility attempts to minimize risk involved during anesthesia, there is always risk in anesthetizing an animal. One way to lower risks involved with anesthesia is to have the "Pre-Anesthetic Blood Testing Option" (listed below) performed on the animal prior to surgery. **I realize that there are inherent risks involved and results cannot be guaranteed.**

If your pet's heart stops during the procedure, life saving efforts using CPR and injections can be administered if desired.

Resuscitate _____ (Initial) Do Not Resuscitate _____ (Initial)

Chemistry/ Electrolytes Panel ~ Additional

For the added safety of your pet, we recommend a computerized pre-anesthetic blood profile screening. The information gathered from the screening allows us to more thoroughly evaluate the liver, kidneys, and blood sugar of your pet prior to surgery.

I approve the blood work _____ (Initial) I decline the blood work _____ (Initial)

Complete Blood Count ~ Additional

A CBC measures the red and white blood cells and platelets. It helps us evaluate whether your animal has an active infection, is anemic, or could potentially have clotting issues.

I approve the CBC _____ (Initial) I decline the CBC _____ (Initial)

Microchip Option ~ Additional

Our HomeAgain microchip application and registration makes it easier to find your pet if they are lost.

I approve the Microchip _____ (Initial) I decline the Microchip _____ (Initial)

Pain Medications ~ Additional \$10.00-\$30.00 (depending on animal's size)

I approve for my animal to go home on pain medications _____ (Initial)

I decline for my animal to go home on pain medications _____ (Initial)

Fasting

I have withheld food from my pet since 9:00pm yesterday. _____ (Initial)

In the event your female animal is in heat or pregnant, the cost of surgery will go up. If during surgery we find your female animal is pregnant, please indicate your choice below:

_____ Continue with spay and abort young _____ Discontinue surgery

Signature: _____ Date: _____