



**Consent Form for Surgical Procedures**

Date of surgery: \_\_\_\_\_ Patient: \_\_\_\_\_ Client: \_\_\_\_\_ Client #: \_\_\_\_\_

Is pet fasted? No ; Yes

Is pet on any medications? No ; Yes  (Name/Dose/Last given) \_\_\_\_\_

Any signs of illness? (vomiting/diarrhea/decrease in appetite/etc.) No ; Yes  \_\_\_\_\_

**Surgery to be performed (Check all that apply)**

- |  |  |                                   |
|--|--|-----------------------------------|
| Canine Spay under 40lbs \$338.60 <input type="radio"/>   | Feline Spay \$252.90 <input type="radio"/>   | Cryptorchid <input type="radio"/> |
| Canine Spay over 40lbs \$379.10 <input type="radio"/>    | Feline Neuter \$152.90 <input type="radio"/> | Hernia <input type="radio"/>      |
| Canine Neuter under 40lbs \$308.60 <input type="radio"/> | Laser Declaw \$337.00 <input type="radio"/>  | X-Ray <input type="radio"/>       |
| Canine Neuter over 40lbs \$349.10 <input type="radio"/>  | Retained Teeth <input type="radio"/>         | Ultrasound <input type="radio"/>  |
| Canine Dewclaw Removal <input type="radio"/>             | Other procedure _____                        |                                   |

Growth Removal ; Would you like the growth sent for analysis? Yes ; No  (additional fees apply)

Intravenous fluids will be administered during anesthesia to help maintain blood pressure, increase circulation and help your pet recover more quickly.

**Surgical Options (Check accept or decline)**

**Cost                      Accept      Decline**

<b>Presurgical blood test for pets under 7 years:</b> Checks for proper organ functions, oxygen carrying ability of blood, ability to fight infection, platelets for proper clotting and to establish a baseline for future reference.	\$82.50	<input type="radio"/>	<input type="radio"/>
<b>Presurgical blood test for pets 7 years and older:</b> Same as above but includes more extensive testing.	\$119.50	<input type="radio"/>	<input type="radio"/>
<b>Laser:</b> It is an alternative to the traditional scalpel blade incision. It seals blood vessels and nerve endings which reduces blood loss and helps to reduce pain, inflammation and infection.	\$47.50	<input type="radio"/>	<input type="radio"/>
<b>Pain Management:</b> Metacam is a liquid medication given once daily for 3 days after surgery to help reduce pain and inflammation.	\$27.64	<input type="radio"/>	<input type="radio"/>
<b>Microchip:</b> A small chip used for identification throughout North America. It is implanted beneath the skin between your pet's shoulder blades.	\$46.50	<input type="radio"/>	<input type="radio"/>
<b>Tattoo:</b> Is placed into the right ear, this form of identification is used only in Regina.	\$20.00	<input type="radio"/>	<input type="radio"/>
<b>Elizabethan Collar or</b>	\$9.36-36.69	<input type="radio"/>	<input type="radio"/>
<b>Medical Shirt:</b> Prevents pets from licking or chewing at their incision area.	\$22.11-39.28	<input type="radio"/>	<input type="radio"/>
<b>Pedicure:</b> Nails are clipped while your pet is anesthetized.	No Charge	<input type="radio"/>	<input type="radio"/>
<b>Vaccinations:</b> Our clinic recommends all pets have up to date vaccines. This helps prevent the spread of infectious diseases. Core vaccines (Non-Core vaccines are additional cost)	\$91.75-107.75		
<b>I authorize vaccines <input type="radio"/>    My pet is vaccinated <input type="radio"/>    I decline vaccines at this time <input type="radio"/></b>			

- I authorize and direct the Veterinarians of the Victoria Veterinary Clinic to perform the services indicated above and/or do any other therapeutic procedures that in their judgment may dictate to be advisable for my pet's well-being. The risks and nature of the procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure.
- I hereby authorize and direct the Victoria Veterinary Clinic to provide such additional services for my pet as they deem reasonable and necessary, including, but not limited to the administration of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.
- Fees must be paid before my pet leaves the clinic.

I may be reached at the following number(s) \_\_\_\_\_

Would you like a text message photo update of your pet? Yes ; No  Number \_\_\_\_\_

Print name \_\_\_\_\_ Signature \_\_\_\_\_