SURGICAL CONSENT FORM COUNTY ANIMAL CLINIC, INC. Ronald C. Anders, D.V.M., C.V.A., C.C.R.P. 800 North 7th Street Coldwater, Ohio 45828 419-678-3610 or 800-868-VETS (8387) PET
Ronald C. Anders, D.V.M., C.V.A., C.C.R.P. 800 North 7th Street Coldwater, Ohio 45828 419-678-3610 or 800-868-VETS (8387) PET
800 North 7th Street Coldwater, Ohio 45828 419-678-3610 or 800-868-VETS (8387) PET
Coldwater, Ohio 45828 419-678-3610 or 800-868-VETS (8387) PETCLIENT PROCEDURE Please provide (a) telephone number at which we can reach you or a family member from 9:00 a.m. to 4:00 p.m. home phone:cell phoneother For whom should we ask? THE FOLLOWING QUESTIONS ARE VERY IMPORTANT, PLEASE TAKE THE TIME TO ANSWER THEM THOROUGHLY. YES NO
419-678-3610 or 800-868-VETS (8387) PETCLIENT PROCEDURE Please provide (a) telephone number at which we can reach you or a family member from 9:00 a.m. to 4:00 p.m. home phone:cell phoneother For whom should we ask? THE FOLLOWING QUESTIONS ARE VERY IMPORTANT, PLEASE TAKE THE TIME TO ANSWER THEM THOROUGHLY. YES NO
PETCLIENT PROCEDURE Please provide (a) telephone number at which we can reach you or a family member from 9:00 a.m. to 4:00 p.m. home phone:cell phoneother For whom should we ask? THE FOLLOWING QUESTIONS ARE VERY IMPORTANT, PLEASE TAKE THE TIME TO ANSWER THEM THOROUGHLY. YES NO
PROCEDURE Please provide (a) telephone number at which we can reach you or a family member from 9:00 a.m. to 4:00 p.m. home phone:
PROCEDURE Please provide (a) telephone number at which we can reach you or a family member from 9:00 a.m. to 4:00 p.m. home phone:
Please provide (a) telephone number at which we can reach you or a family member from 9:00 a.m. to 4:00 p.m. home phone:
home phone:
home phone:
For whom should we ask?
THE FOLLOWING QUESTIONS ARE VERY IMPORTANT, PLEASE TAKE THE TIME TO ANSWER THEM THOROUGHLY.
YES NO
YES NO
Are vaccinations current? Location (if not given here)
If applicable, is your dog on heartworm preventative?
Has your pet been tested for intestinal parasites in the last 6 months?
Any vomiting, coughing, diarrhea, or lethargy?
Did your pet eat or drink anything in the last 8 hours?
Does your pet have any known drug allergies? Has your pet had any illness or injury in the last 30 days? If yes, explain:

OPPORTUNITY FOR PAINLESS "HOMEAGAIN" MICROCHIP IDENTIFICATION

A Homeagain Microchip provides a permanent way to identify your pet if ever lost or stolen. Please feel free to ask for more details. If done at the time of surgery, the cost is S45. (this price reflects a surgical discount)

____Yes, I authorize implantation of a computer microchip for my pet.

____No, I am not interested.

LABORATORY SCREENING

Every animal undergoing anesthesia deserves to be screened for internal problems, not evident by physical exam. These tests ensure that your pet may undergo anesthesia with minimal risk to their health and well being and are highly recommended. Please choose from the following in-house tests and PLEASE CHECK YES OR NO TO EACH SERVICE.

YES	NO	
_		For pets under one year of age: BUN (kidney), ALT (liver), TP (immune status, infections, inflammation) \$45.
_		For pets one to five years of age: BUN (kidney), ALT (liver), TP (immune status, infections, inflammation), AMYLASE (pancreas) \$50
-		For pets over the age of five: BUN (kidney), ALT (liver), TP (immune status, infections, inflammation), AMYLASE (pancreas), CREATININE (kidney), GLUCOSE (diabetes, liver) <u>S55.</u>
-	_	For ALL pets: Complete Blood Count (CBC) Will check platelets, white blood cells, red blood cells, and many other important components of the blood (anemia, infections, etc.) <u>\$45.</u>
~	A comp	lete physical exam will be performed on every animal undergoing anesthesia. The cost for this is \$37

Please note any concerns you may have, or additional procedures you would like to be performed while your pet is under anesthesia (nail trimming, ear cleaning, vaccines, etc.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

countyanimalclinic@gmail.com

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner, whatever the circumstances, in connection, as it is thoroughly understood that I assume all risks.

I	authorize the above procedures. Date:	
(signature of owner)		
www.countyanimalclinic.net	Don't forget to like us on facebook	

https://www.facebook.com/CountyAnimalClinic