SURGERY CONSENT FORM

DATE:_____ (Client Number) _____
CLIENT: First Name_____ Last Name_____
Address_____ City_____ Postal Code _____
Phone: (Home)_____ (Cell Phone) _____

PATIENT: (Patient Number)_____ (Patient Name)_____
Species: (Breed)_____ (Color)_____ (Gender)_____

I am the owner or agent for the animal described above and I have the authority to execute this consent. I hereby consent and authorize Piper Creek Veterinary Clinic to perform the following procedures or operations:

( ) General Anesthesia	( ) Spay	( ) Neuter
( ) Front Declaw	( ) Front/Hind Declaw	( ) Nail Trim
( ) Anal Glands	( ) Tattoo	( ) Pain Meds
( ) Distemper Combination	( ) Rabies Vaccination	( ) Bordetella Vaccination
( ) Microchip	( ) X-Ray	( ) Laser

The nature of these operations has been explained to me and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I realize there can be no guarantee as to the outcome of any procedure and have been advised of the possible risks involved. If unexpected health problems arise, I grant permission to do any treatments and procedures as they deem necessary, should they be unable to contact me at the above number. I understand that I assume financial responsibility for all services rendered and that payment is due at the time of discharge, unless special arrangements have been made prior to discharge. All animals entering the hospital must be free of external parasites or they will be treated at the owner's expense. All animals must be vaccinated, and if not, Piper Creek Vet Clinic assumes no responsibility for treatment of unvaccinated animals should they become ill. I have read and understand this authorization and consent.

Signature _____ Date_____ Contact Phone Number ( ) _____

_____(initial)I refuse recommended immunizations or to provide documentation of current immunizations at this time, and request that you proceed with the above stated procedures. I understand that my pet is at risk of contracting a communicable disease and I accept full financial responsibility.

Pre-Anesthetic Blood Testing Consent Form $95.90

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthesia blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes, kidney or liver diseases that could complicate the procedure. These tests are similar to tests that your physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that your pets health changes. State of the art equipment enables us to perform the preanesthetic blood profile within the clinic and we are committed to making this technology available to your pet.

_____ (initial) please complete the blood work recommended prior to surgery on my pet. If abnormalities are found please contact m at the above phone number.

_____ (initial) I have elected to refuse the recommended blood work at this time and request that you precede with the anesthesia. I assume full responsibility for this animal. I understand there are always potential risk when using anesthesia or performing surgery on an animal.