

Cottonwood Small Animal Clinic
530-347-3706
Anesthesia/Surgery Consent Form
{CURRENTDATE[SHORT]}

Client ID: {ID}
Client Name: {FULLNAME}

Patient ID: {PATIENTID}
Name: {NAME}

As owner/agent of the above animal, I hereby give authorization to Cottonwood Small Animal Inc, to perform the needed surgery. I understand that during the performance of the needed procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set. I expect CSAC to use reasonable care and judgment in performing such procedures. The nature and risk involved have been explained to me and I realize that results can not be guaranteed. I am also aware that unforeseen events resulting from the procedures will NOT relieve me from any obligation to all reasonable costs incurred regarding the animal. Below are some blood tests that will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery.

BE ADVISED: If your pet is found to have external parasites such as fleas or ticks; it will be treated in the hospital at your cost depending on weight of the pet and product used by the doctor.
We highly recommend a blood profile for geriatric animals (animals older than 5 years).

For pricing questions regarding the following additional services, inquire with reception or a doctor.

- | Accepted | Declined | |
|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-surgical Safety Check (Bloodwork) to check for anemia, infection, dehydration, liver and kidney function issues. Just as if you go to the hospital, the doctor uses blood results to determine proper anesthetic. It is highly recommended on all pets going under anesthesia. |
| <input type="checkbox"/> | <input type="checkbox"/> | Canine Heartworm & Tick borne diseases test 4DX test or for Cats FIV/FeLV/HW if your pet is not on an antiparasitic for heartworm prevention and has parasites, then anesthesia could put your pet at an elevated risk. |
| <input type="checkbox"/> | <input type="checkbox"/> | IV Catheter w/ fluid therapy - by allowing us to place an IV catheter this gives our doctors access to a vein in case of an anesthetic emergency. It is necessary to help stabilize blood pressure and eases the recovery process by keeping your pet hydrated. |
| <input type="checkbox"/> | <input type="checkbox"/> | I request pain medication to be sent home in the form of liquids or tablets?
Pain management is very important in the healing process of your pet. All spays & neuters will receive an injections of pain medication (included in sx fee). We encourage owners to continue pain management at home with your pet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Laser Session . This simple 5 min laser session helps stimulate wound or incision healing post op. Not an option for mass or tumor removals. |
| <input type="checkbox"/> | <input type="checkbox"/> | Routine Vaccinations
Dog: <input type="checkbox"/> Rabies, <input type="checkbox"/> DHLPP, <input type="checkbox"/> Rattlesnake, <input type="checkbox"/> Bordetella, <input type="checkbox"/> Influenza
Cat: <input type="checkbox"/> Rabies, <input type="checkbox"/> FVRCP/FeLV |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nail Trim, <input type="checkbox"/> Microchip , <input type="checkbox"/> E-Collar/Cone, <input type="checkbox"/> Ear Tip (feline only) <input type="checkbox"/> Tattoo |
| <input type="checkbox"/> | <input type="checkbox"/> | In the rare case of an emergency I give CSAC staff authorization to perform any and all emergency care necessary and understand that additional cost will apply. (DNR or do CPR?) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I acknowledge that if my pet has external parasites, such as fleas and/or ticks, it will be treated at my cost. (capstar ONLY) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I understand that if my pet is here to be altered and it is discovered that she is in heat, obese or pregnant, that additional cost will apply. |

Checked in by (initials): _____

Client Signature: {CLIENTSIGNATURE}_____

Today's Phone Number: _____