

Surgical Consent Form

Tekonsha Animal Hospital PLLC
Tammy M. Lons D.V.M.
828 N. Main St.
Tekonsha, MI 49092

Client _____ Patient _____ Date _____

Pre-Anesthetic Bloodwork/Other Procedures

___ Yes, I want my pet to have a pre-anesthetic blood screen/other procedure

1. ___ \$70.00 (Mini Profile)
2. ___ \$125 (CBC, Chemistry, Electrolytes)
3. ___ \$40 FeLV/FIV/Heartworm test
4. ___ \$40.00 Heartworm Test (4DX Plus)
5. ___ \$50 IV Catheter Placement
6. ___ Vaccine Update (ask cost)
7. ___ Post-Surgical Pain Medications (ask cost)
8. ___ Therapy Laser (ask cost)

___ No, I do not want my pet to have a blood test or other procedures. I acknowledge that there may be concealed health risks to my pet and will not hold this hospital responsible for any anesthetic complications. I understand the surgery or treatment contemplated is

_____.

LASER

I understand that laser surgery is an option for my pet, and I have been advised of the advantages this option will offer.

___ Yes, I want my pet to have laser surgery. The cost is \$40.00 plus the cost of surgery.

___ No, I do not want my pet to have laser surgery.

Dental Extractions/Procedures

Please check one of the following:

1. ___ Perform any necessary procedures and extractions at this time

2. ____ Perform only the requested dental procedures at this time. Call me after the dental exam and provide an estimate of any additional procedures. **DO NOT** proceed without authorization.
3. ____ Digital Radiographs: One View \$30 ____ Full Mouth \$120.00 ____ Decline Radiographs ____

Elective Procedures

Please list any additional procedures you would like to be performed: (anal glands, microchip, fecal exam, check ears, etc) _____.

As the owner, or agent, of the pet above, I certify that I am over the age of 18 and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization and that I will leave a deposit and pay any remaining costs in full upon completion of treatment.

(Signature of owner or responsible party)

How would you like us to notify you when your pet is finished with surgery/procedure?

Text message to _____ Phone call to _____