

# Surgical Consent Form

Tekonsha Animal Hospital PLLC  
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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.  \$120.00 (Mini Profile)
2.  \$210.00 (CBC, Chemistry, Electrolytes)
3.  \$55.00 FeLV/FIV/Heartworm test
4.  \$57.50 Heartworm Test (4DX Plus)
5.  \$60 IV Catheter Placement
6.  Vaccine Update (ask cost)
7.  Post-Surgical Pain Medications (ask cost)
8.  Therapy Laser (ask cost)
9.  \$8.50 Post-Operative Laser Treatment

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 \$45.00 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 \$40 \_\_\_\_ Full Mouth \$150.00 \_\_\_\_ 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 \_\_\_\_\_