

## Surgical Consent Form

- Owner: \_\_\_\_\_
- Patient: \_\_\_\_\_
- Best number to reach you at today: \_\_\_\_\_
- Planned procedure: \_\_\_\_\_
- Will you be purchasing an e-collar(cone) through us?  YES  NO (Price Varies on Size)
- Time and date of last meal: \_\_\_\_\_

**Is this pet currently being fostered or recently adopted through one of our partner rescues?**

- Name of rescue: \_\_\_\_\_
- Date of adoption if applicable: \_\_\_\_\_

**List of current medications:**

1. \_\_\_\_\_ Last Given: \_\_\_\_\_
2. \_\_\_\_\_ Last Given: \_\_\_\_\_

**Pre-anesthetic bloodwork is required for each patient, if your pet has not been seen in the last 30 days for bloodwork, we will run a general chemistry panel and complete blood count to ensure your pet is healthy enough to be put under anesthesia, this is an additional \$210.**

I am aware of the additional cost of bloodwork

**FOR DENTAL PROCEDURES ONLY:**

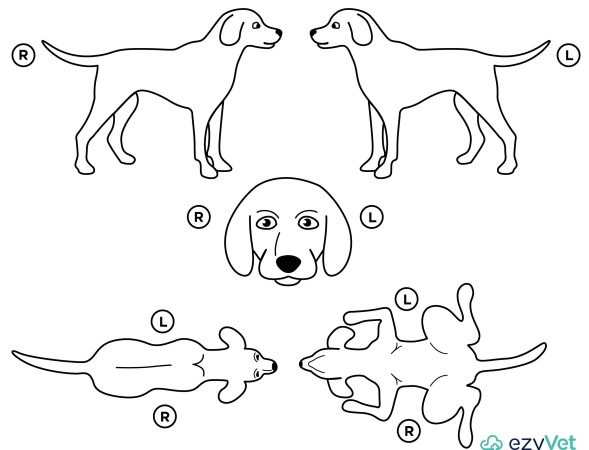
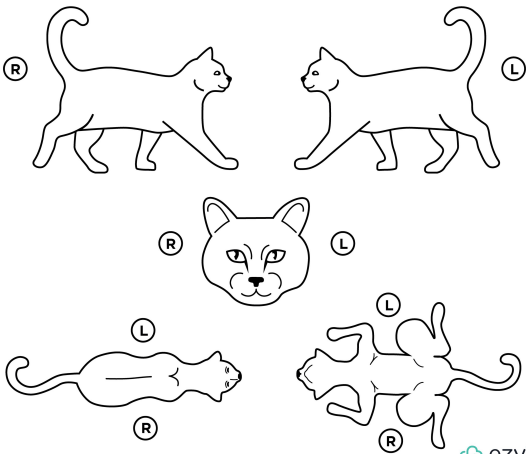
- Permission to extract teeth if needed during a dental procedure (cost of extractions varies depending on severity)
- Dental Sealant **\$95**
- Clind-Oral Gel **\$100**

**FOR ORTHOPEDIC PROCEDURES ONLY:**

Which leg is being operated on?  RIGHT  LEFT

**FOR MASS REMOVALS ONLY:**

Please complete the attached body chart by circling the mass(es) that will be removed during the procedure





**PLEASE SELECT WHICH VACCINES ARE NEEDED:**

- \$35.00- Rabies(1yr) / \$45.00- Rabies(3yr)

**ALL PATIENTS MUST BE UP TO DATE ON RABIES VACCINE.**

**CANINES:**

- \$28.00- Leptospirosis Vaccine Booster (*Booster in 3- 4 weeks*)
- \$28.00- Bordetella Vaccine (*Kennel Cough Vaccine*)
- \$32.00- DAPP(1yr) / \$35.00- DAPP(3yr)

**FELINES:**

- \$28.00- FVRCP Annual / \$35.00- FVRCP(3yr)
- \$55.00- FIV/ FeLV test

**ADDITIONAL SERVICES THAT CAN BE DONE WHILE YOUR PET IS WITH US TODAY:**

- \$50.00: Microchip
- \$55.00: Heart Worm Test
- \$60.00: In-House Force Flex -

*(Tests for Heart Worm, Lyme Disease, Ehrlichia, and Anaplasma)*

Would you like to pick-up prevention medication at this time?

**Tri-Heart:** [ ] Six months

[ ] Twelve months

**NexGard:** [ ] Three months

[ ] Six months

[ ] Twelve months

- \$30.00: Express Anal Glands
- \$35.00: Deep ear flush and cleaning
- Complimentary Nail Trim
- Other: \_\_\_\_\_





Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor(s) at this hospital pursue such medical care as indicated below. Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee (as described below) to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me. I request one of the following CPR services (Please initial appropriate choice)

- \_\_\_\_\_ 1. Endotracheal intubation, positive pressure respiration, IV catheterization, administration of emergency drugs, and/or external cardiac massage (\$400.00)
- \_\_\_\_\_ 2. I elect NOT to have staff pursue any CPR procedures for my pet and, instead, request that the attending doctor assist my pet with humane euthanasia if necessary (\$165.00 – 425.00) pending cremation options)

I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with anesthesia, even in apparently healthy animals, and have discussed any concerns with my veterinarian. I understand that it may be necessary to provide emergency medical and/or surgical procedures which are not anticipated for the safety and care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications. The attending veterinarian will use reasonable precautions for the well-being of my pet but will not be held liable for conditions beyond his/her control. I agree to assume financial responsibility for all fees incurred during the care of my pet and will provide payment via cash or credit card at the time my pet is discharged from the hospital. I understand that any unpaid balance will result in a 5% interest charge if left unpaid for over 30 days. I also understand that any balance left unpaid for over 60 days will result in my account being turned over to collections and I will be responsible for any collection fees, court cost and interest charges.

**I understand that Rock Creek Veterinary Hospital reserves the right to charge a cancellation fee in the amount of \$60 when the appointment is not cancelled within 24 hours of the scheduled appointment time.**

**In the event the patient is more than 15 minutes late to the appointment it is up to the discretion of the doctor to determine if there is enough time on the schedule to see the patient. If the doctor decides they are willing to see the patient there is a \$25 late fee. If the doctor decides there is not enough time you will be asked to reschedule to a later date at no charge.**





Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Checked in By: \_\_\_\_\_

*Please review and sign attached estimate.*

