

**Kurtz Veterinary Clinic
560 N. Washington St.
Hagerstown, IN 47346
765-489-5141**

Anesthesia/Surgery Consent Form

Client ID:
Client Name:
Address:

Telephone:

Email:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

I hereby authorize performance of the following procedure(s):

Canine: Spay _____ Neuter _____ Dewclaw _____ Microchip _____ Heartworm test _____ Other _____

Feline: Spay _____ Neuter _____ Microchip _____ Leukemia/FIV test _____ Other _____

Canine and Feline: If fleas are present upon admission, pet will be treated at owner's expense.

If animal is **pregnant** at time of surgery proceed and spay _____ Or Stop Surgery _____

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes.

These blood tests 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. These tests will also establish a baseline for your pet's medical history that will aid in the diagnosis of any medical problems that may arise in the future. **There is an additional charge of \$95 for the blood work.** We hope you understand the need for these important tests.

If you **do not** wish to have pre-surgical bloodwork performed, please initial here _____ **NO BLOODWORK**
STAFF INITIALS _____ No bloodwork Yes, do bloodwork

Your pet should be held off food for at least 12 hours prior to surgery.

I understand the total cost for requested procedure(s) is \$ _____ (**Complications are extra**). I understand that I assume financial responsibility for all services rendered and that payment is due before pet is released.

***Additional precautions will be taken for pets over 2 years old or over 100 pounds. These additional costs may be approximately \$200.**

Signature _____ Date _____

{FULLNAME}

_____ Initial here if you prefer a post-op TXT rather than a call (your carrier charges will apply)

Cell # to **txt** _____ Best # to **call** _____