

Penfield Veterinary Hospital

1672 Penfield Road
Rochester, NY 14625
585-381-2441

SURGERY AND DENTAL CONSENT FORM

Office use only:

Pet Weight _____
Was pet fasted? Y / N _____
Were meds given? Y / N _____
Fecal Sample Y / N _____
Procedure _____
Receptionist/Tech Initials _____

Label
Office Use Only

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We always **recommend** a pre-op blood profile to check for adequate numbers of blood cells and to check for signs of possible problems in the kidneys and liver that may not be evident on a physical examination. The testing is **REQUIRED** for animals 7 years old or older (Cost \$50.90)

YES -- Please complete pre-op blood tests you recommend for pets under 7 years of age. (Cost \$50.40)

NO -- My pet is under 7 years old. I **DECLINE** pre-op blood testing you recommend, but perform the procedure.

DENTAL PROCEDURES

Occasionally intraoral radiography, tooth extraction, or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us a number where you can be reached.

Do you authorize tooth extraction(s) or repair without contacting you first? YES NO*

*If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures.

PAIN MEDICATIONS

Pain medications are administered to all surgical patients and those who are having extractions performed during a dental. The cost of pain medications for elective procedures will vary (\$19.80 – \$48.00) depending on the size of the patient, the medications used, and how they were given (orally versus injected).

PERMANENT IDENTIFICATION

We can implant a microchip into your pet for an ID that can't get lost! This simple procedure can be performed while your pet is here today. The cost for the implantation of the chip is \$61.80.

Does your pet have a microchip? Yes _____ No_____. Would you like a Microchip implanted today? Yes_____ No _____.

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above-described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this may be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: _____ Witness to Signature: _____ Date: _____

Emergency Contact #: _____ Alternate Contact Name and Phone # _____