

Estimate Rec'd _____
Owner's Initials _____

Glenwood Falls Animal Hospital

General Surgical Consent

Owner's Name: _____ Pet's Name: _____

Procedure or Surgery Today: _____

Contact Phone Number(s): *Please place a check mark by the phone number that should be called first*

Cell: _____ Work: _____
Home: _____ Alternate: _____

How would you like us to notify you when your pet wakes up from anesthesia? Text Phone Call Email

All patients will have minimal lab work performed, receive an pain injection and pain medication that is to be given at home. Also, all dogs will go home with an Elizabethan collar to deter licking and chewing at the incision site.

I, the undersigned owner or agent of the pet identified above authorize the veterinarians and staff of Glenwood Falls Animal Hospital to perform the above procedure(s). I authorize the use of the appropriate anesthetic and medications that are needed to perform the procedure(s) or surgery. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the pet is released from the hospital. I understand that veterinary medicine is an inexact science and every procedure, especially the use of anesthesia, involves risk and that results regarding the outcome of this/these procedure(s) cannot be guaranteed.

I understand that unforeseen conditions may extend the procedure or surgery and that if this happens the Glenwood Falls veterinarians and staff will try to contact me to discuss these conditions. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff:

_____ (int) has permission/I agree or _____ (int) does not have permission/I do not agree to provide such treatment(s) and to pay for such service(s).

All new patients are required to have a physical exam, at an additional cost _____ (int)

All patients must be current on vaccinations that comply with GFAH's protocol _____ (int)

If any fleas and/or ticks are present they will be treated at the owner's expense _____ (int)

Signature of Owner or Authorized Agent

Date

Glenwood Falls Animal Hospital

Comfort and Safety Standards

General Health Profile Initial: _____

Anesthesia carries some risk (even though it may be small). GFAH's doctors and staff utilize safe anesthetic protocols for all our patients. Each patient will receive thorough blood test screening to ensure there are no underlying concerns. This will allow us to see how the internal organs are functioning, and check for anemia and dehydration.

Intravenous Catheter and Fluids Initial: _____

An IV catheter and fluids will be placed to allow the surgical staff to have a direct port to your pet's heart and help maintain blood pressure during your pet's surgical procedure. Also, in the event of an emergency, with a catheter already in place emergency care can potentially be administered or preformed in a timely manner.

IV fluids and catheter will help maintain intra-operative blood pressure, reduces post-operative renal failure and provides immediate access to the heart should an emergency situation arise.

Histopath (if applicable) – When we perform a biopsy and remove tissue from a patient it is recommended to send the tissue to the lab for further evaluation. This test will provide us with a diagnosis of the tissue along with a prognosis. The average time to receive results from the lab is 2-3 business days.

\$240.00

Approved ____ (int)

Declined ____ (int)

Stone Analysis (if applicable) Initial: _____

Urinary stones will be sent off to the lab where they will use one or more test methods to determine the composition of the stone. This will in return allow us to determine what food or medication your pet may need to prevent future stone formation.

Additional Procedures

yes no **Post-Surgical Laser Treatment to Incision Site** \$ 5.00
(helps minimize swelling & aides in the healing of the incision, N/A for growth removals)

yes no **Microchip** \$ 40.00 (Reg. \$45.00)

*This does not include \$17.99 registration fees

yes no **Toe Nail Trim** \$ 5.00 (Reg. \$15.00)

yes no **Ear Cleaning** \$ 5.00 (Reg. \$15.00)

yes no **Anal Gland Expression** \$ 5.00 (Reg. \$15.00)