



COMPANION ANIMAL SURGERY CONSENT FORM

CLIENT INFORMATION

Owner: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Primary Phone Number: _____
 Secondary Phone Number: _____
 Email address: _____

PET INFORMATION

Circle: Male Neutered Male Female Spayed Female
 Pet Name: _____
 Breed: _____ Weight: _____
 Color: _____ Age: _____
 Date of last Rabies and Distemper Vaccinations: _____
 Previous Vet (if you want records transferred over):

 List any medication your pet is currently on/time given: _____

OFFICE USE

Date: _____
 Account Number: _____
 Checked in by: _____
 Doctor:
 Dr. Mehlfaf Dr. Devine
 Dr. Stangoehr

If your pet does NOT have a current rabies vaccination or proof of a current rabies vaccination at the time of service, we will administer a rabies vaccination to your pet at your expense. The cost of a rabies vaccination is \$28.05 plus tax.

I am the owner or the agent for the owner of the animal described above and I have authority to execute this consent. I hereby consent and authorize the veterinarian/staff to perform the following procedures or operations.

PLEASE INITIAL WHAT NEEDS TO BE DONE

Rabies (\$28.05)		Spay	
Canine Distemper/Lepto (\$31.35)		Neuter	
Canine Bordetella (\$28.88)		Declaw	
Canine Lyme (\$36.30)		Dental Cleaning	
Heartworm Test (\$41.36)		Mass Removal	
Feline Distemper (\$25.85)		Histopathology (SDSU/ISU)	
Feline FELV/FIV Test (\$48.68)		Ear Hematoma	
Anal Glands (\$19.25)		Microchip (\$82.78)	
Nail Trim (\$6.00)		Other	

(Please see backside for important information)

Sioux Nation Pet Clinic recommends pre-surgical blood work to determine that internal organs are functioning properly. While this cannot detect all conditions that could cause anesthetic reaction or surgical complications, it can aid in determining if a pet is a good candidate for anesthesia. **WE STRONGLY RECOMMEND THIS. PLEASE INITIAL.**

(\$50.00) APPROVE, I consent to pre-surgical bloodwork _____

DECLINE, I decline pre-surgical bloodwork _____

Sioux Nation Pet Clinic now offers Post-Surgical Laser Therapy. This promotes quicker healing time with less pain, due to decreasing inflammation. **WE STRONGLY RECOMMEND THIS.**

(\$16.50) APPROVE, I consent to post-surgical laser therapy _____

DECLINE, I decline to post-surgical laser therapy _____

DENTAL PROCEDURE ONLY

I understand and consent that the dental procedure being performed on my animal today will involve the scaling of tartar from the tooth enamel surface, polishing of enamel to correct any microabrasions, and the removal of any overtly diseased teeth under general anesthesia. The removal of teeth may result in a change in my animal's outward cosmetic appearance. I understand that this facility does not utilize dental radiographs and therefore certain subgingival disease and incomplete removal of the tooth may not be detected during this dental cleaning.

PLEASE INITIAL:

APPROVE, I consent to Dental Extractions _____

DECLINE, I decline to Dental Extractions _____

SURGERY CONSENT FORM

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. If your pet has fleas, ticks or any other parasites currently on them, Sioux Nation Pet Clinic may take proper measures to treat your pet, at the owner's expense.

I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

OFFICE USE:

Procedure: _____

Torb: _____

Dex: _____

Polyflex: _____

Carprofen/Metacam—mg/ml: _____

Suture: _____

Take Home Meds: _____

Notes: _____

PLEASE SIGN ON THE LINE BELOW
