



Valencia Veterinary Center Pre-Surgical Consent Form

Owners Name: _____ Pets Name: _____

Emergency Contact: _____ Phone #: _____

Procedure to be performed: _____

Food/Medication:

Last time fed: _____ am/pm Last time medication given: _____ am/pm

Name of medications: _____

Any known allergies to medications: _____

All items listed below are in ADDITION to the base price for surgery.

1) Pre-Operative Blood Screening:

This screening helps us identify potential problems while the patient is undergoing surgery. The more current the screening, the safer the patient is under anesthesia (\$89.50).

_____ Standard Panel _____ I decline the screening _____ Dr.'s Choice

2) Sevoflurane:

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure (\$45.00).

_____ Use Sevoflurane _____ Do not use Sevoflurane _____ Dr.'s Choice

3) I.V. Catheter & I.V. Fluids:

The catheter allows direct access to the vein in case of an emergency, while the fluids maintain essential blood flow to the vital organs and promote optimal blood pressure (\$78.50).

_____ I'd like the I.V. _____ No I do not want the I.V. _____ Dr.'s Choice

4) Laser:

The benefits of laser are less bleeding and less post-operative discomfort (\$79-\$150).

_____ I want the laser _____ No laser _____ Dr.'s Choice

5) Additional Services:

_____ Vaccines _____ AVID Microchip (\$49.50) _____ Ear Cleaning (\$29.50)

_____ Nail Trim (\$18.50) _____ Anal Glands (\$18.50) _____ Other: _____

*** EKG Monitoring/Pain Injection will be included at no additional charge (\$71.95 value!!).**

Please Initial Below:

_____ Please note that if any pet has fleas when admitted to the hospital, it will be treated at the owners expense (\$15.95 for application of frontline or advantage).

_____ Please note that an additional charge will apply for female patients in heat undergoing spay (\$20 and up), male patients with undescended testicles undergoing neuter (\$175 and up), and obese patients (\$20 and up).

For all procedures, please read and sign below:

I, the undersigned, certify that I am the owner or authorized agent for the animal named above. I give VVC, their agents, employees, and representatives full and complete authority to perform the medical/surgical procedure and associated anesthesia for the service(s) stated above.

I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

X _____ Date: _____

(Signature of owner/caretaker over 18 years of age)