



# Fort Wayne Pet Hospital Pre-surgical Consent Form

Pet Name: \_\_\_\_\_

A complete physical exam will be performed on your pet prior to the surgical/dental procedure, but this may not identify systemic or metabolic problems. For this reason, we strongly recommend that all pets have a pre-anesthetic blood panel to ensure that your pet is in the low risk category prior to anesthesia. The latest technology has enabled us to run safe and accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run when you undergo anesthesia. In addition, the results will serve as a baseline reference value for future use should your pet become ill. **Pre-anesthetic blood work has 2 options below to assess the health of your pet. This is a significant discount on surgery patients ONLY.** If time allows prior to surgery day or if checking in the night before a Senior Panel is the most complete test and is a great value through Idexx.

### Pain Management, Nail Trim, & Absorbable Sutures (for neuters only) are included in your procedure.

At doctors discretion, there may be additional pain management cost based on their weight.

### Please list Procedures/Vacs to be performed today

- Heartworm Medication:  YES  NO      Flea/Tick Medication:  YES  NO
- Update Vaccinations:  YES  NO      Anal Glands (\$12):  YES  NO
- Is Trazadone needed for anxiety/sedation post-operative?  YES  NO

It is recommended that cats be tested for Feline Leukemia Virus prior to surgery. FeLK/ FIV/ HW Test  \$46  No

### Recommended Pre-Surgical Blood Work Options:

	<b>Base Bundle 1 (B1)</b>		<b>Complete Bundle 2 (B2)</b>
<b>Chemistry</b>	<b>CHEM 10</b> ALB                      TP GLOB                    GLU ALB/GLOB              ALT BUN/CREA              ALKP BUN                      CREA  <input type="checkbox"/> \$76	<b>Chemistry</b>	<b>CHEM 17</b> ALB                      TP                      AMYL    TBIL GLOB                    GLU                    CA                    GGT ALB/GLOB              ALT                    LIPA BUN/CREA              ALKP                  PHOS BUN                      CREA                  CHOL  <input type="checkbox"/> \$101
<b>Electrolytes</b>	Na+      K+ Cl-      Na+/K+  <input type="checkbox"/> \$25 Complete Blood Count	<b>Electrolytes</b>	Na+      K+ Cl-      Na+/K+  <input type="checkbox"/> \$25 Complete Blood Count
<b>CBC</b>	<input type="checkbox"/> \$43  <input type="checkbox"/> All Tests \$112	<b>CBC</b>	<input type="checkbox"/> \$43  <input type="checkbox"/> All Tests \$132

**CBC (Complete Blood Count)** is a screening test used to diagnose and manage diseases. It can diagnose conditions such as anemia, infection, or problems with clotting. It also can show abnormalities in the production, life span, and rate of destruction of blood cells.

**ELECTROLYTE PANEL** is a test to detect a problem with the body's fluid and electrolyte balance.

**CHEMISTRY** is a test to assess the general health and function of the body and internal organs.

**I DECLINE ALL RECOMMENDED PRE-ANESTHETIC BLOODWORK**

### Optional Surgical Suggestion:

**MICROCHIPS** are used to permanently identify your pet. Shelters, rescues, officers, and most vet offices will scan all pets taken in to help find owners. Always update any phone or address changes.

YES       NO      Cost: \$45

**I understand full payment is due at discharge \_\_\_\_\_ (initials)**

**I understand all surgical procedures more than \$500 require a deposit of \$500 prior to the start of the procedure(s) \_\_\_\_\_ (initials)**

**Estimate may change based on post surgical evaluation.**

**\$ \_\_\_\_\_ Estimated Total Today \_\_\_\_\_ (initials)**

I understand every effort will be made to achieve a successful outcome for your pet, and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above and additional pets I present. I understand that veterinary service may be provided during night time hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I agree fees for services rendered will be due and payable at the time my pet is discharged from the hospital or the service is otherwise terminated, unless otherwise agreed to in writing. I further agree and acknowledge that a monthly finance charge of 1.5% (18% annually) shall be applied to all amounts not paid when due. In the event of nonpayment, I agree that I will be responsible for all unpaid past due amounts, and if this account is turned over for collections, regardless of whether or not suit is filed, I will also be responsible for all costs of collection, including court cost and reasonable attorneys' fees. I also agree to a service fee of \$25.00 for each check that is returned unpaid from my bank.

If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and you are authorized to dispose of my pet as you deem best and/or necessary.

**Print Name:** \_\_\_\_\_ **Sign Name:** \_\_\_\_\_

**Chart Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Best contact Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Held Card Zip Code:** \_\_\_\_\_ **Last 4 number of Social Security:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_