



Fort Wayne Pet Hospital
ACL Pre-surgical Consent Form

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

Procedures to be performed today

- 1) ACL Repair Package ( ) L or ( ) R \$1200
2) Platelet Rich Plasma Injection—Stifles L/R Hips L/R \$400
3) Vaccines Need Updated? ( ) Yes ( ) No Which? \_\_\_\_\_
4) We offer microchipping as a way to permanently identify your pet.
Fort Wayne ACC scans all pets taken in to help find owner I.D.
( ) YES ( ) NO Cost: \$45
5) Is Trazadone needed for anxiety/sedation post-operative? ( ) Yes ( ) No
6) Any other medications requested at pick up? \_\_\_\_\_

ALL ACL SURGERIES ARE REQUIRED TO HAVE PRE-ANESTHETIC BLOODWORK—this checks:
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 a test to assess the general health and function of the body and internal organs.
RADIOGRAPHS - To confirm underlying wellness

+I received a copy of the estimate and agree to its terms \_\_\_\_\_ (initials)
+I understand full remainder of payment is due at discharge \_\_\_\_\_ (initials)
+I understand that unless previous payment agreements were made that \$600 is due at check-in
for surgery \_\_\_\_\_ (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.

Signer: \_\_\_\_\_ Date \_\_\_\_\_ Best contact Telephone #: \_\_\_\_\_

Address \_\_\_\_\_ Held Card Zip code \_\_\_\_\_ Last 4 number of Social Security \_\_\_\_\_

Staff Initials: \_\_\_\_\_
Modified 2/2/2022