



Carberry Small Animal Veterinary Clinic

204.834-2033

info@carberryvet.ca

ADMISSION INFORMATION AND CONSENT TO SURGERY

Client Name:

Pet Name:

Today's Date

Currently on medication (include vitamins, supplements etc. ;)

If yes, please list name with time of last dose:

CONSENT TO SURGERY

I hereby authorize the veterinarian and staff on duty to perform the procedures on the pet, administer to the pet such pain relief medications, sedatives, and/or anesthetics as they consider appropriate for the procedures, and provide the pet such medical, radiological, surgical, nursing, diagnostic, and/or emergency care as they consider necessary or appropriate in connection with the procedures.

I hereby acknowledge that I fully understand the risk, including the fact that the use of anesthesia as part of the procedures may cause injury or death to my pet. I also acknowledge and agree that the Carberry Small Animal Vet Clinic representative cannot guarantee that the procedures will be successful.

As the pet owner or the owner's agent I hereby agree to pay in full for the services rendered, including those deemed necessary for medical or surgical complications or for unforeseen circumstances. I understand that the estimate of costs (attached) for the procedures is only an approximation and that the final invoice for the procedure may be greater or less than this amount. I agree to pay the cost of the procedure in full before the pet is released to me regardless of outcome.

If the animal is infected with external parasites, this includes **fleas +/- ear mites**, then the treatment will be administered at the owner's expense.

I hereby acknowledge that pre-anesthetic blood work and IV fluids have been recommended in order to minimize the risk associated with the procedure.

- o In house Pre-op panel for patients less than 7 years: baseline values for kidneys, liver, diabetes, red blood cells and fluid status \$80.
- o In house Pre-op panel for patients 7 years or older: more comprehensive values for liver and kidney and endocrine function \$100
- o Anesthetic IV fluids (**HIGHLY RECOMMENDED**). Maintains blood pressure, reduces anesthetic hangover, provides emergency access port \$50.

My understanding of the procedure is as follows: _____

INSTRUCTIONS WHILE PET IS UNDER ANESTHESIA

- o Toe nail trim: (complimentary)
- o Tattoo: (complimentary)
- o Microchip
- o Deworm
- o Vaccinate for: _____
- o Other: _____

Please contact me today in accordance with the option selected below [check one]:

- o I wish to be contacted prior to any additional procedures other than emergencies. If I cannot be reached I do not authorize additional non-emergency procedures. I understand that my pet may require an additional anesthetic procedure in the future in order to treat a previously unidentified problem or to perform the proposed additional procedure.
- o I wish to be contacted prior to additional procedures other than emergencies, but if I cannot be reached, I hereby authorize additional, non-emergency procedures which the veterinarian considers necessary or appropriate.
- o I prefer that the clinic proceed with all necessary work, including any and all necessary work not listed which may be identified while the pet is under anesthesia. ex: ear infection

Contact phone numbers for the day are: _____ **or** _____

Owner/Agent's Signature: