



MISSOURI VALLEY VET
COMMERCE PINEHURST MANDAN

GERIATRIC ADMISSION INFORMATION AND CONSENT TO SURGERY

Client Name: _____ Date: _____

Pet Name: _____ Age: _____ Staff person admitting patient _____

My understanding of the procedure

MASS REMOVALS: Number of masses to be Location verified by Yes No

Medical Yes No List:

Current Medications & When the last dose was given:

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 risks, 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 veterinarian can not 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 agree to pay the cost of the procedure in full before the pet is released to me & regardless of whether the procedure was successful.**

We **require** Pre-Anesthetic blood tests be performed immediately prior to or 90 days preceding the surgery date and administration of anesthesia for pets over 10 years of age. These tests can help us detect conditions that can contribute to complications with anesthesia (e.g. dehydration, diabetes, liver/kidney disease). The cost for bloodwork is \$54.40. We also **require** an intravenous catheter & fluids on all animals over 10 years of age during surgery/anesthesia. This allows us to maintain blood pressure during the procedure and provide access for medications in case of an emergency. The cost for catheter and fluids is approximately \$66.00.

I hereby acknowledge that a veterinarian has recommended the following laboratory test(s) be performed on the pet in order to minimize the risks associated with the procedure.

Accept Decline Done Recently Pre-Anesthetic Coagulation Profile -- checks for adequate blood-clotting time: Additional \$34.15.

Accept Decline Done Recently Cats Only: Feline Leukemia and Feline Infections Virus test - \$55.45

While my pet is here and under anesthesia please perform the following additional procedures:

Additional Services:

Dental Extractions Yes No Additional \$30.00 up to \$170.00 per tooth plus medications

Histopathology Yes No Dr Discretion Additional \$125.79, recommended with tumor removal

Please Contact me today in accordance with the option selected below (Check one):

Treat my pet as needed, I will assume responsibility for all charges.

Contact me if further treatments are recommended or needed. I understand that if I cannot be contacted my pet will not receive further medical treatment unless it is life-threatening.

Phone Number I can be reached or

Signature: _____

Printed Name: _____