



MISSOURI VALLEY VET
COMMERCE PINEHURST MANDAN

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 removed Location verified by owner: 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 and regardless of whether the procedure was successful.

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 bloodwork -- includes baseline values for kidneys, red blood cells, white blood cells, liver, diabetes and fluid status: Additional \$54.40.

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:

IV Catheterization & Fluids Yes No An extra measure of safety for your pet when doing routine surgery and will be placed upon approval. An Additional charge of approximately \$66.00.

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.

Do you have any questions/concerns for a technician regarding your pet's procedure today? Yes No

Phone Number I can be reached or

Signature: _____

Printed Name: _____