



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: \_\_\_\_\_