

Lake City Animal Health & Wellness Center
SURGERY CHECK-IN AND CONSENT FORM

Client's name: _____ Pet's Name: _____

Date of Procedure: _____ Procedure to be performed: _____

Has your pet ever had a seizure? **YES** **NO**
Has your pet eaten in the last 12 hours? **YES** **NO**
Has your pet had water in the last 12 hours? **YES** **NO**
Does your pet have any known allergies? **YES** **NO** - If yes, what? _____
Is your pet on any medications? **YES** **NO** - If yes, what? _____
Did you give your pet the pre-visit medication? **YES** **NO** -If yes, what time _____
Is your pet experiencing any problems you would like a doctor to examine?: _____

Your pet is being admitted for anesthesia/surgery at Lake City Animal Clinic. To minimize the likelihood of complications during anesthesia, we recommend that your pet receive a pre-anesthetic blood screen to detect potential health problems. The total additional cost is **\$55.00**.

_____ **Yes**, I would like the pre-surgical blood screen at the additional cost of **\$55.00**

_____ **No**, I decline the pre-surgical blood screening.

Additional Services Requested (please check all that apply):

- Microchip:** While your pet is under anesthesia, a permanent I.D. chip can be painlessly implanted under the skin. **Cost: \$80.99** (includes registration fee)
- Fecal:** To prevent the spread of parasites to other pets and family members, we recommend testing a yearly fecal sample: **Cost: \$37.00**
- Heartworm Test:** If your pet has not been tested in the last 6 months and not currently on prevention, we recommend testing today. **Cost: \$45.00**
- Nail Trim:** We can trim your pet's nails while they are under anesthesia today.
- Vaccinations:** We require all pets to be up to date on vaccines (Rabies, distemper and bordetella for dogs and rabies and distemper for cats)

I authorize the doctor(s) at Lake City Animal Clinic to perform the above anesthetic and surgical procedure(s) described above. I understand that some risks always exist with anesthesia and/or surgery ranging from post-op nausea to death and I am encouraged to discuss any concerns that I have. While I understand that all procedures will be performed to the best of the abilities of the staff at Lake City Animal Clinic, I understand there is no guarantee regarding the results that may be achieved. I also understand that all charges will be paid in full at the time of release.

Signature: _____ Date: _____

Contact Number(s): _____