

**Country Roads Veterinary Services
Ashland Veterinary Clinic**

PRESURGICAL CONSENT FORM

Date Admitted: _____ **Owner:** _____ **Pet:** _____

Procedure: _____

Pre-Anesthetic Blood Work

Our greatest concern is the well-being of your pet. Disorders of the liver, kidneys, or other organs cannot be detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens. The cost of the above testing is \$55.00.

Please Initial: Yes, I would like the blood screen.

No, I decline the blood screen.

Intravenous Fluids

Intravenous fluids given during surgery are strongly recommended for every pet undergoing anesthesia, no matter the age or procedure. IV fluids help maintain normal blood pressure, correct the dehydration from being fasted, increase the metabolism and excretion of the anesthetics by the kidneys, and provide rapid administration of life-saving drugs should an emergency situation develop. The cost of IV fluids is \$35.00.

Please Initial: Yes, I would like my pet to have IV fluids.

No, I decline the intravenous fluids.

Microchip Implantation

Having a microchip inserted underneath your pet's skin is the single most important way to permanently identify your pet. If found, your pet will be scanned for a microchip at shelters, humane society, or other veterinary clinics. The cost of the microchip is \$35.00, and then you will be required to register your pet with the Home Again registry for a lifelong membership (presently \$17.50).

Please Initial: Yes, I would like a microchip inserted.

No, I decline the intravenous fluids.

Surgical Consent

Being the responsible party for this pet, I have had the risk of this procedure explained to me. I have been offered pre-anesthetic blood testing and intravenous fluids and have indicated my choice.

I am authorizing Country Roads Veterinary Services and Ashland Veterinary Clinic to perform such diagnostic, therapeutic, and surgical procedures as described above.

Signature of Responsible Party: _____ **Date:** _____

Please Print Name: _____ **Phone:** _____