

**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, blood, or other organs cannot be detected unless blood tests are done. Abnormalities of any of these may increase anesthetic risk. For these reasons we require pre-anesthetic blood screens in all patients over 7 years old. If there are any significant abnormalities in the blood work, you will be notified by the veterinarian performing the surgery before your pet undergoes the procedure. The cost of the above testing is \$75.00

Intravenous Fluids

Intravenous fluids given during surgery are strongly recommended for every pet undergoing anesthesia, especially our older dogs and cats. 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.

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:** _____