Medical and Surgical Consent Form

Please Read Carefully

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal listed above. I Authorize the Doctor(s) and staff of Devils Lake Animal Clinic to perform the procedures listed above for my animal. I also authorize the administration of pain relieving, sedating, and anesthetizing medications, and necessary and appropriate medical, surgical, diagnostic, nursing and emergency treatments for my animal. I have been advised of and understand the need for and potential risks of these procedures, and that no guarantees of treatment are made.  
There is always an element of risk with any anesthetic procedure, and occasionally problems may occur during or after any medical or surgical procedure.   
Devils Lake Animal Clinic strongly recommends that all pets have blood tests and/or other screening tests prior to administering anesthesia. These tests help identify underlying problems which may increase risks to your pet during anesthesia and in the future.  
Be advised that there is no overnight supervision by our staff between the hours of 6:00 pm to 8:00 am. By initialing here, I understand that there is a possibility of misfortune happening to my pet while there is no supervision, and that I will not hold Devils Lake Animal Clinic responsible for any misfortune which may happen to my pet.   
I have read and understand this form and accept responsibility for payment of all charges incurred and services provided to my animal by Devils Lake Animal Clinic. **Initial: \_\_\_\_\_\_\_\_\_**

Medical/Surgical Recommendations

Blood Panel: The pre-surgical blood profile will help the doctor to better assess the condition of your pet’s internal organ systems, such as the liver and kidneys. This will help identify preexisting conditions not evident during the presurgical examinations. This is especially important in the doctor’s selection of an anesthetic regimen that will be the safest for your pet. **Cost: $160-$180 (age dependent)**

I do \_\_\_\_\_\_\_\_\_ do not \_\_\_\_\_\_\_\_\_ wish for my pet to have the recommended bloodwork. (initial)

Permanent Microchip: A safe, tiny, permanent device can be inserted beneath your pet’s skin between the shoulders, where it can be detected with a special scanner. Each animal is assigned a unique identification number. If done while under anesthesia, it is completely painless for the animal. Many lost pets are returned to their homes with the help of microchips. **Cost: $60**  
  
I do\_\_\_\_\_\_\_\_\_\_ do not \_\_\_\_\_\_\_\_\_wish to microchip my pet. (initial)

Tissue submission: If your pet is having a lump or growth removed, it is option for us to submit that tissue for histopathology. This service is optional and can give us the information needed to definitively diagnose the type of growth your pet had and help us determine if the growth was completely removed. **Cost: $105**

I do\_\_\_\_\_\_\_\_\_\_ do not \_\_\_\_\_\_\_\_\_wish to have the tissue submitted. (initial)

Dental Extractions: Your pet may have teeth that are broken or infected. These teeth are not beneficial to your pet’s health and can lead to future illness. We will recommend the removal of these teeth to preserve your pet’s future wellbeing.

I do \_\_\_\_\_\_\_\_\_ do not \_\_\_\_\_\_\_\_\_ wish for my pet to have necessary extractions. (initial)

Occasionally, upon further examination or commencement of treatment, the need for other procedures may become apparent. In that case, we will make every effort to contact you as soon as possible. However, if we are unable to contact you, or in the event of an emergency, we will proceed in the animal’s best interest. This may involve additional costs to you. You are responsible for all fees incurred during this visit at the time of services rendered.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_