Denton Animal Hospital
(336) 859-2828
Surgery/Treatment Consent Form

_____ will be undergoing _____ using anesthesia today. Our greatest concern if for the health and well being of your pet. In order to provide the safest anesthetic event for your pet, we will perform a full exam and all patients will have ECG, Oxygen/CO2, respiratory rate, and body temperature monitored throughout the procedure. In addition, we ***require*** a pre-anesthetic blood profile to ensure your pet is a low risk category. State-of-the-art technology allows us to run safe, accurate blood chemistries minutes before anestheic induction. These results will also give us base line values in the event your pet ever becomes sick in the future.

- **PROFILE 1** **PETS YOUNG THAN 2 YEARS OLD*** **$35.00**
  CBC (infection and anemia)
- **PROFILE 2** **PETS 2 TO 5 YEARS OLD*** **$99.00**
  Includes all tests in Profile 1, plus:
  ALKP (liver) ALT (liver) BUN (kidneys)
  Glucose (sugar level) Creatinine (kidney) TP (hydration/immure status)
- **PROFILE 3** **PETS OVER 5 YEARS OLD (OR SICK PET REQUIRING SURGERY)** **$113.50**
  Includes all tests in Profiles 1 and 2, plus:
  Phosphorous (kidney) Amylase (pancreas) Bilirubin (liver/gall bladder)
  Calcium ALB (protein) Lipase (pancreas)

PAIN MANAGEMENT PROTOCOL

Our goal is to keep your pet as comfortable as possible during and after a surgical procedure. Therefore, all surgeries that may induce pain are **required** to be accompanied with medication to control the pain. The minimum requirements for most surgical procedures are as follows:

- 1-2 doses given while pet is in the hospital
- 3 days of oral medication sent home with the pet to be given by the owner.

PLEASE NOTE: If any addition medication is need, we will administer and/or send home accordingly as determined by the veterinarian.

ADDITIONAL PROCEDURES
(PLEASE INITIAL)

_____ Clean Ears $33.00 _____ Anal Gland Expression $19.00

_____ AVID Microchip Implant $32.50 _____ Other (please list)

ESTIMATE: NO_____ YES_____ (attached) Amount $_____

I hereby authorize Denton Animal Hospital to perform the above procedures. I understand that in the event that I cannot be reached for consent, I fully accept the financial responsibility for additional medical/surgical sevices deemed necessary in the opinion of Denton Animal Hospital for the emergency well being of my pet. I expect Denton Animal Hospital to use reasonable care and judgment in performing the procedures. The risks and nature of the above services have been explained to me and no warranty or guarantee has been made as to the results.
I further understand that full payment is due at the time of completion of the said procedures/services.

All pets admitted must be current on their rabies vaccinations and must free of external parasites.

SIGNATURE:_____ DATE:_____ STAFF INITIAL:_____

TODAY'S PHONE NUMBER:_____