



3751 SE US HWY 281
Medicine Lodge, KS 67104

Surgical and Anesthesia Consent Form

Owner _____ Phone # _____ Date _____

Patient/Pet _____ Procedure _____

NOTE: PATIENT MUST BE CURRENT ON RABIES VACCINATION BEFORE SURGERY.

FLEA POLICY: If your pet comes in with fleas – we will treat them with topical or oral medication at your cost. This is to protect the rest of the patients in our clinic that are flea free.

PLEASE READ CAREFULLY AND SIGN.

Your pet is going to receive anesthesia today and under normal circumstances should be fine. A physical exam will be performed on your pet before anesthesia is administered. However, we highly recommend running pre-anesthesia blood work to ensure that your pet is healthy and at low risk of complications while under anesthesia. By performing this important blood screen, we can rule out any pre-existing internal health concerns that could create major issues while under anesthesia and may not be evident by a physical exam alone. The additional fees associated with this important procedure are \$40 to \$80, depending on your pet’s age and overall health. Please check the appropriate line to indicate your decision.

_____ YES, I would like pre-anesthesia blood work _____ NO, I do not want pre-anesthesia blood work

Additional services offered: (prices are approximate)

_____ Heartworm Test \$32 (Canine Only)

_____ FELV/FIV Test \$34 (Feline Only)

_____ Express Anal Glands \$17.25

_____ Microchip \$38.50

Authorization and Risk Assessment:

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure is started. My signature on this consent form indicates that questions have been answered to my satisfaction and I agree to pay for all services upon patient discharge. I authorize Redland Veterinary Hospital to perform CPR triage care, any additional diagnostics, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Redland Veterinary Hospital, the veterinarians, or any team member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

Authorized Agent/Owner _____ Date _____