



VETERINARY CLINIC

Austin Vet Clinic

3100 W Oakland Ave
Austin, Mn 55912
Ph. 507-433-5225
Fax. 507-433-9228

Surgical/Dental and Anesthetic Consent Form

As the owner or agent of _____(animal's name and species), I hereby give consent to Austin Veterinary Clinic to perform the following procedure:_____

This includes a Pre-anesthetic physical exam, IV catheter (dog only), anesthetic and post-surgery and recovery monitoring, pain management injection, a trim nail if needed, and laser therapy if appropriate.

Please list any current or recent medications and when the last dose was given, both prescription and non-prescription:_____

Pre Anesthetic Blood Work

If your pet is under 6 years of age, please choose from the following options

Profile 1 that checks the following

*Complete Blood Count- anemia, platelet level, and infection

*9 chemistry levels- liver and kidney function, blood sugar, hydration and electrolytes

I decline the recommended blood work and understand and take responsibility for any risks

If your pet is over 6 years, we require the following prior to anesthesia

Profile 2 that checks the following

*Complete Blood Count- anemia, platelet level, and infection

*18 chemistry levels- in depth liver, kidney, and pancreas function, hydration, blood sugar, and electrolytes

Fleas

If fleas are found on your pet, we will safely treat them in hospital at the owner's expense.

Pain Medication

For your pet's comfort, we will send home pain medication to be giving during their recovery at home. This is in addition to the cost of surgery and varies for each animal.

I understand that the procedure may have risks, side effects, and unforeseen complications, and I understand results cannot be guaranteed. The veterinarian(s) will take necessary precautions to prevent and minimize unforeseen conditions. In the event of a complication, reasonable medical measures will be taken and may incur additional expenses. I understand that I am financially responsible for all services rendered and payment is due at time of services. I will not hold Austin Veterinary Clinic, the veterinarians or any staff member liable for any complications that may arise.

If my pet has a severe complication:

Yes, please try to resuscitate

No, please do not resuscitate



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Additional Services

<input type="checkbox"/> Microchip \$75	<input type="checkbox"/> Vaccines (Prices Vary)
<input type="checkbox"/> Heartworm/Tick Disease Test (Dog only) \$40	<input type="checkbox"/> Feline Leukemia/FIV Test (Cat only) \$35
<input type="checkbox"/> E-collar (Included for Dog Neuter) \$20	<input type="checkbox"/> Flea/Tick Treatment (Prices Vary)
<input type="checkbox"/> Other:	

Dentals Only

I would like needed extractions performed. I understand there will be additional costs I am responsible for.

Please call before extracting any teeth today. I understand if I am unable to answer my phone, extractions may occur for severely unhealthy teeth.

I have read and agree this consent form.

Client Signature _____ Date _____

Phone Number I can be contacted with today _____

Email _____

Please return this form completed when bringing your pet in for their surgery appointment.