

14th STREET VETERINARY CLINIC
SURGICAL, DENTAL, BLOODWORK, X-RAYS CONSENT FORM

Date: _____
Client Name: _____ Pet's Name: _____
Client Number for TODAY Cell: _____ (W): _____
Procedure(s): _____

Anesthetic Physical Exam, IV catheter, and anesthetic monitoring, Anesthetic Blood work

Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. Help us provide the best level of care for your pet by choosing to perform blood work prior to anesthesia or sedation.

PLEASE CHECK ONE

- ☐ Mini Chem, **\$88.00**
 - Basic internal organ screen liver & kidneys
 - For generally healthy, younger patients
- ☐ Full Chem, electrolytes, & CBC **\$163.00**
 - Full blood work on all major organs, electrolytes, and full red and white blood cell count
 - Indicated for longer anesthetic procedures, sick patients, and pets over 5 years old.
 - ***Note – your vet may require this blood work for some procedures and situations**
- ☐ I decline blood work and understand there are **increased risks during anesthesia**

Intravenous (IV) Fluid Support During Anesthesia

- ☐ Administration of IV or Sub Q Fluids during anesthesia **\$63.50**
In case of Emergency we will run IV Fluids.

Additional Services While Under Anesthesia

- ☐ Update Vaccines:
 - ☐ Rabies (dog or cat) **\$20.00**
 - ☐ DHLPP (distemper, hepatitis, leptospirosis, parainfluenza, parvo) **\$43.00**
 - ☐ Bordetella (kennel cough) **\$22.00**
 - ☐ RCCP (rhinotracheitis, calici, panleukopenia, chlamydia psittaci) **\$41.00**
 - ☐ Feline Leukemia **\$22.00**
 - ☐ Nail Trim **\$15.00**
 - ☐ Microchip **\$45.00**
 - ☐ Express anal glands **\$15.00**
 - ☐ Heartworm test **\$35.00**
 - ☐ Feline Leukemia/FIV test **\$45.00**

Owner's Signature _____

Tech/DVM initials _____

Client's Name _____ Pet's Name _____

ANESTHESIA/SEDATION/ PROCEDURE AUTHORIZATION

Please initial after each statement below:

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. _____

I understand that I assume financial responsibility for all services rendered. _____

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them.

I realize that there can be no guarantee as to the outcome of any procedures. _____

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While 14th Street Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is a extremely small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold 14th Street Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise. _____

I have read and understand this authorization.

Owner/Authorized Agent Signature _____ **Date** _____

Technician/DVM witness initial _____