**LANE VETERINARY SERVICES**

**Lane Veterinary Services Prof. Corp**

**HST # 82717 3931**

**info@lanevetservices.ca , 1-888-832-1904**

**(613) 358-2833**

Compulsory Anesthesia/Surgery Consent Form

|  |  |  |  |
| --- | --- | --- | --- |
| Client ID: |  | Patient ID: |  |
| Client Name: |  | Name: |  |
| Address: |  | Species: |  |
|  |  | Breed: |  |
|  |  | Sex: |  |
| Telephone: |  | Color: |  |
| **SURGICAL** |  | Birth Date: |  |
| **PROCEDURE:** | --------------------------------------------------- | Weight: | \_\_\_\_\_\_\_\_ lbs. / \_\_\_\_\_\_\_ kg. |

Your pet will be undergoing general anesthesia with the surgical procedure today.

In order to recognize any underlying abnormalities your pet may have:

**the doctor recommends having a pre-surgical blood tests done**.

1. This consists of a CBC, which checks red blood cells for anemia; white blood cells for an infections; chemistry tests (ALT, ALKP, CREA, GLU, TP, and BUN) will check for Diabetes, Kidney and Liver diseases.

2. This gives baseline values for the healthy pet; which can be compared to future situations.

3. The blood profile will help us to assess the health status of your pet more completely to determine; if there are any additional precautions we need to take before and during surgery. There is an additional charge of **$90.00** for these tests.

\*\* I DO \_\_ DO NOT \_\_ wish to have the pre-surgical blood testing done today. Intials: \_\_\_\_\_ \*\*

Included with most surgeries:

**Anesthetic monitoring** (heart-rate ECG, blood pressure, respiration rate, oxygen level)

IV fluids / pain meds - injectable & oral / Laser on incision / antibiotic injection / **warm pillow!**

Estimated fees **:** Surgery = $ \_\_\_\_\_\_\_\_\_\_\_ + Blood Tests \_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip $ \_\_\_\_\_\_\_\_ Subtotal = $ \_\_\_\_\_\_\_\_\_ + HST $ \_\_\_\_\_\_\_ **TOTAL** = $ \_\_\_\_\_\_\_\_\_\_\_

Nail trim free: Yes \_\_ No \_\_ Clean ears free: right \_\_\_ left \_\_\_ Flea treatment: $ \_\_\_\_\_\_\_\_\_\_\_

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I am the owner of the animal described above, or I am responsible for it, and I have the authority to execute this consent.

I hereby consent to, and authorize, the performance of the procedure named above.

I understand the risks that may be involved.

I have had the fees for the procedure outlined to me and I agree to pay all such fees now

or upon discharge of **ROSA LEE**.

Circle ***Method of Payment*** : Interac Cash Visa Mastercard

**Date**  \_\_\_\_\_\_\_\_\_\_\_\_ 20 Signature **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*

Contact: ph / txt /email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CB:\_\_\_\_\_ Pick-up Time - \_\_\_\_\_\_\_\_\_\_ am pm

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_