

Surgical Consent Form Wheaton Animal Hospital

Vaccination Requirements:

Dogs - Minimum Requirements for Elective Procedures

*Rabies, DA2PPC(Distemper), Bordetella

*Fecal Parasite Check

Felines - Minimum Requirements for Elective Procedures

*Feline Rabies, FVRCP(Feline Distemper)

*Fecal Parasite Check

*Feline Leukemia and Feline Aids (FIV) test

Surgical Options:

Anesthetic Safety Screen. (BloodWork)	To assure proper organ function including liver and kidneys to metabolize the anesthetics and medications, detects anemia or any other underlying diseases, and serves as a baseline for future references. *Less than 6 years of age *6 years and older	\$62.00 \$78.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Laser Surgery	Decreases bleeding during surgery and pain sensation.	\$75.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Iv fluids	Maintains blood pressure, replaces blood loss, speeds in recovery & aids in administering life saving drugs quickly.	\$25.00	<input type="checkbox"/> INCLUDED <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Pain Medication	Pain medications are administered prior to or immediately after surgery. We do recommend pain medication to go home with your pet when applicable.	\$18.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Pain Medication & Laser Therapy	Your pet will receive two treatments with our new K Laser therapy machine. The laser reduces inflammation and pain. Your pet will also receive medication to take home.	\$30.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Dental Extractions	Authorizes the doctor to perform any tooth extractions, such as retained deciduous teeth (baby teeth) or other extraction found during a dentistry.	\$15.00	<input type="checkbox"/> I DO

		and up	<input type="checkbox"/> I DO NOT
Home Again Microchip ID	Permanent identification recognized nationwide. Includes registration to home again.	\$68.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Nail Trim	Done under anesthesia when they are not so wiggly!!	\$10.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT
Elizabethan Collar	Cone that goes around the animals neck, to prevent from licking and/or biting at incision.	\$16.00	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT

I hereby authorize **Wheaton Animal Hospital** to perform these following procedures, operations, and associated anesthesia. I understand unforeseen conditions may require an extension of a planned procedure or operation. I am aware of the risks involved with the procedure and /or operation, including possible death, and understand the information presented in this surgery form and give **Wheaton Animal Hospital** permission to proceed with any and all life-saving procedures should the need arise. I am aware of and have been advised as to the nature of the procedures or operations and the risks that are involved.

Further, I understand that I am financially responsible for all costs incurred during this procedure and/or operation. I understand the the options that I have chosen on this form are in addition to the charge of the procedure and/or operation.

Procedure:

Date:

Client Name:

Patient Name:

Patient ID:

Phone Number: