

CAC Standard Consent Form

Owner: _____

Date: _____

Pet: _____

Species: _____

Breed: _____

Sex: _____

DOB: _____

Hm: _____

Wk: _____

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby authorize Cimarron Animal Clinic to perform the following procedure(s) or operation(s).

- Spay* Neuter* Hernia Repair Extract Retained Baby Teeth Dental Cleaning
- Growth removal Tumor Removal with Histopathology Vaccines Other _____

***If your pet is in heat/pregnant there will be a \$20 additional charge. If there is a retained testicle there will be an additional \$50 charge. Please let us know in advance if either of these conditions apply.**

I understand that during the performance of the foregoing procedure(s) or operation(s) unseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) that are set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent

Emergency Phone Number: _____

Signature of Owner or Agent: _____ **Date:** _____

Pre-Surgical/Anesthetic Blood Screen & Pain Relief

If your pet is to be admitted, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. However since anesthesia or surgery is not without risk, the American College of Veterinary Anesthesiology states that all animals should have a pre-surgical blood screening. The pre-surgical blood screening will help the doctor to better assess the condition of your pet's internal organ systems such as the heart, liver, and kidneys. This will help identify pre-existing conditions not evident during the pre-admission examinations. This is especially important in the doctor's selection of an anesthetic regimen that will be the safest for your pet.

If the doctor has not already recommended this pre-surgical workup to assess your pet's ability to undergo anesthesia and surgery/dentistry, you may request this test by checking the appropriate box below. Our hospital laboratory is equipped to perform this test, and the results will be available to the doctor before surgery. Should there be any indication that an abnormality exists, the doctor will contact you before proceeding with surgery.

Animals cannot tell us they are in pain. Pain is more than unpleasant sensation. Left untreated, it can lead to harmful physical effects, and actually interfere with the healing process. Our practice understands the importance of pain management, and offers a procedure to reduce pain and discomfort for your pet and to promote a faster recovery.

All persons admitting an animal for surgery must complete the following:

- Yes, I want my pet to have a pain relief injection. (\$15.00 additional charge)
- Yes, I want my pet to have a pre-surgical blood screening. (\$50.00 additional charge)
- Yes, I want 3 days of oral pain medication sent home. (\$15.00 additional charge)
- Yes, I want my pet to have pre-surgical blood screening and a pain relief injection. (\$60.00)
- No, I do not want my pet to have a pain relief injection.
- No, I do not want my pet to have a pre-surgical blood screening.
- No, I do not want my pet to have take home pain medication

If workup is declined, I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the aforementioned workup.

Signature of Owner or Agent: _____ Date: _____