

**COOPER VETERINARY CLINIC  
SURGICAL CONSENT FORM**

**Client Name:** \_\_\_\_\_

**Phone number(s) where owner or another responsible party can be reached:**

1. (        ) \_\_\_\_\_ - \_\_\_\_\_      2. (        ) \_\_\_\_\_ - \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

I \_\_\_\_\_ understand that if \_\_\_\_\_'s current Rabies vaccination is not provided; the vaccine will be administered at the time of the procedure at an additional cost.

**Patient History:**

Is your pet current on vaccinations?                      **YES**                      **NO**  
 Is your pet currently taking any medications, including over the counter medications and herbal remedies? If so please list the medications and what time it was given:

\_\_\_\_\_

Does your pet have any seizures and/or heart conditions that we need to be aware of?    **YES**    **NO**  
 Does your pet have any drug allergies or any complications with other procedures or anesthesia? If so please list

**Procedure to be performed:** \_\_\_\_\_

**Surgical Additions:** \_\_\_\_\_

**Lab Test and Treatment Consent**

Please initial either "accept" or "Declined" for the following:	ACCEPT	DECLINE
IV FLUIDS \$45.00		
CBC (COMPLETE BLOOD COUNT) \$30.00		
LIMITED PROFILE \$50.00		
COMPREHENSIVE PROFILE \$75.00		
HEARTWORM 4DX (Canines) TEST or FELV/FIV COMBO (Feline) TEST \$40.00		
HISTOPATHOLOGY \$220.0		

Please Initial by **ONE** of the following:

- \_\_\_\_\_ Should any unforeseen medical/dental procedures and emergencies be necessary and desirable in the veterinarian's professional judgement, I prefer that the veterinarian proceed with all unforeseen incidents that happen while my pet is in the care of Cooper Veterinary Clinic. I accept all financial responsibility for all costs incurred.
- \_\_\_\_\_ I prefer to be called before any additional procedures, other than emergencies. If I cannot be reached, I do authorize the veterinarian to proceed only if there is an unforeseen treatment that is needed for my pet.
- \_\_\_\_\_ If I cannot be reached by phone, I do not authorize the veterinarian to proceed with any necessary medical procedure, including emergencies. If any unforeseen incident occurs, I release Cooper Veterinary Clinic of all responsibility.

**Authorization:**

I verify I am the owner (or authorized agent for the owner) of the above patient and authorize the above procedure(s) to be performed. I understand that during the procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure. I expect Copper Veterinary Clinic and it's staff to use reasonable judgement in performing the procedures. I understand the nature of the procedures and risks involved (including death) and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from my obligations to all responsible costs incurred regarding the above patient. I also understand that my pet will receive a tattoo for a sexual sterilization while under for a sex altering procedure, and that for most procedures, my pet will stay overnight for observation and will be ready to go home the following day.

Signature\_\_\_\_\_

Date\_\_\_\_\_