

**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 \$50.00		
CBC (COMPLETE BLOOD COUNT) \$46.00		
LIMITED PROFILE \$60.00		
COMPREHENSIVE PROFILE \$86.25		
HEARTWORM 4DX (Canines) TEST or FELV/FIV COMBO (Feline) TEST \$42.00		
HISTOPATHOLOGY \$225.00		

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_____