

**COOPER VETERINARY CLINIC  
SURGICAL CONSENT FORM**

**Client Name:** <first-name> <last-name>

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

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

**Patient's Name:** <animal>      **Breed:** <breed>      **Age:** <age>      **Sex:** <sex-name>

**I <first-name> <last-name> understand that if <animal>'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 <animal> current on vaccinations?      **YES**      **NO**  
 Is <animal> 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 <animal> have any seizures and/or heart conditions that we need to be aware of?      **YES**      **NO**  
 Does <animal> 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      \$52.50  |        |         |
| CBC (COMPLETE BLOOD COUNT)      \$48.00                                 |        |         |
| LIMITED PROFILE      \$63.00  |        |         |
| COMPREHENSIVE PROFILE      \$91.00                                      |        |         |
| HEARTWORM 4DX (Canines) TEST or FELV/FIV COMBO (Feline) TEST<br>\$44.50 |        |         |
| HISTOPATHOLOGY      \$323.50  |        |         |

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 <animal> 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 <animal>.
- \_\_\_\_\_ 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 <animal> 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 Cooper Veterinary Clinic and its 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 <animal>. 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 \_\_\_\_\_