

**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 \$45.00		
HISTOPATHOLOGY \$349.00		

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 <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 _____