

Countryside Veterinary Service Anesthesia Consent Form

Owner's Name: _____

Date: _____

Today's Phone #: _____

Procedure: _____

Patient Name: _____

Today's Weight: _____

Please Check the Following:

Pre-anesthetic blood work highly recommended for the safety of your pet undergoing anesthetic procedure. While your pet may appear healthy, this testing can reveal hidden problems. Additional \$82.00-\$92.00.

Accept **Decline**

Pain Medicine is important following any surgical procedure. Oral pain medication will be sent home with your pet as part of routine post-surgical care. Price varies depending on weight and procedure.

Accept **Decline**

Post-Surgical laser treatment has proven to increase the rate of healing and decrease pain. Additional \$12.00. Cat Declaws will receive two treatments for \$24.00.

Accept **Decline**

Pre-Operative anti-nausea injection helps prevent nausea post-op, last for 12 hours. Additional \$18.00.

Accept **Decline**

****All surgery patients are given an antibiotic & pain injection after surgery \$10.00****
Any animal entering the clinic with fleas will be treated at the owner's expense

DOGS

- Rabies \$16.00
- DHLPP \$26.00
- Bordetella \$23.00
- Heartworm Test \$26.50
- Check for worms \$18.50
- Microchip \$75.00
- Flea Prevention
- Heartworm Prevention
- Deworm

ADDITIONAL SERVICES

- Clean Teeth \$120.00-\$130.00
- Nail Trim \$15.00
- Clean Ears \$15.00
- Express Anal Glands \$12.00

CATS

- Rabies \$15.00
- Feline Leukemia \$24.00
- FRVCP \$22.00
- Leukemia Test \$34.00
- Fecal Float \$18.50
- Microchip \$75.00
- Flea Prevention
- Deworm

Clinic Policy:

I understand that during the performance for this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s). I expect Countryside Veterinary Service to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and the risks involved has been explained to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting in the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

Signature: _____

Date: _____