

KING GEORGE VETERINARY CLINIC

12378 Kings Hwy King George, VA 22485

(540) 775-9439

Surgical consent form:

Pet Name: _____ **Date:** _____

Owner's Name: _____

Procedure to be done: _____

Your pet's safety and comfort are our number one concern here at King George Veterinary Clinic. Before your pet goes through this procedure, it will be given a full physical exam performed by our technician, preanesthetic drugs, IV catheter and fluids, which will give the doctor a direct line to the vein so that medications administered appropriately in case of an emergency. Your pet will be monitored before, during and afterwards to help ensure that your pet has a safe, smooth recovery.

For our mature patients (over 6 years of age) and other pets with chronic health problems, we required a total screening blood test which includes a complete white blood cell count (CBC), a chemistry profile (which tests the kidneys and the liver enzymes which metabolizes the anesthetics during surgical procedures) T4 (to check thyroid function) and a urine analysis. All of these tests will help us evaluate the safety of anesthetics and surgical procedures on your pet. Occasionally, we postpone surgery until a medical problem is resolved.

Even for our healthy, younger patients, pre-anesthetic blood testing is required, can help put your mind at ease that all is well. Also, on rare occasions, problems are detected that may change our plans.

♥Perform a wellness blood chemistry profile (CBC) on my pet- **\$95.00** Yes No

♥Implant a Home Again® Microchip while my pet is sedated- **\$54.50.*** Yes No

♥Perform a fluoride treatment while my pet is sedated- **\$22.00** Yes No

♥Perform a dremel nail trim while my pet is sedated (the dremel nail trim will allow us to trim the nails shorter than with nail clippers, stay shorter for a longer amount of time, reduce the risk of 'quicking', and give smooth finish)- **\$16.00 (REGULAR PRICE \$30.50)** Yes No

♥Remove any deciduous teeth (baby teeth) which have not come out on their own yet- **\$16.00/tooth** Yes No

I hereby authorize and direct King George Veterinary Clinic to perform the procedure(s) noted above and to administer anesthetics and/or other drugs as deemed advisable for my pet. I understand the nature of the procedures and the relative risks involved. I authorize King George Veterinary Clinic to provide any appropriate care should an unexpected complication arise.

Signature of owner/Responsible agent: _____

Witness Signature: _____

Phone number where you can be reached: _____

Alternate phone number(s): _____