

**East Maiden Animal Clinic
498 East Maiden Street
Washington, PA 15301**

Client ID: {ID}
Client Name: {FULLNAME}
Address: {ADDRESS1} {CITY} {STATE}
Phone Number: {PHONENUMBER}

Patient ID: {PATIENTID}
Name: {NAME} Species: {SPECIES}
Breed: {BREED} Sex: {SEX}
Birth Date: {BIRTHDATE[SHORT]}

Surgery and Anesthesia Consent Form

Procedure to be performed on {NAME} today: _____

Pre-Anesthetic blood profiles:

In an attempt to minimize risks associated with anesthesia and surgery, we advise that pre-anesthetic tests be performed, even for elective services. This bloodwork provides a thorough evaluation of {NAME}'s organ function, blood cell counts, and clotting factors to ensure they are able to clot blood normally. We highly recommend this on pets 5 years of age and older. *Please initial one of the following options:*

Approve _____ Decline _____ Already performed on (mm/dd/yy) _____

Additional blood tests:

- 4DX snap test (Heartworm, Lyme, Ehrlichia, and Anaplasmosis test): We recommend this test for every **dog** 6 months of age and older. *Please initial one of the following options:*

Approve _____ Decline _____ Already performed on (mm/dd/yy) _____

- Felv/FIV test (Feline Leukemia and Immunodeficiency Virus test): We recommend this test for every **cat** that goes outside, is not vaccinated for Leukemia and/or has had a bite wound within the past 6 months. *Please initial one of the following options:*

Approve _____ Decline _____ Already performed on (mm/dd/yy) _____

Biopsy of growth (if applicable):

We will be sending the sample to a pathologist to interpret what the growth is. It can take up to 2 weeks for us to receive the results. *Please initial one of the following options:*

Approve _____ Decline _____

Bladder stone analysis (if applicable):

We will be sending the sample to a pathologist to interpret the type of bladder stone. It can take up to 2 weeks for us to receive the results. *Please initial one of the following options:*

Approve _____ Decline _____

Additional Services offered:

- **HomeAgain Microchip:** Your HomeAgain microchip ID number will be permanently registered in the HomeAgain National Pet Recovery Database. The microchip includes the first year of membership for free. Membership provides services such as pet recovery for lost pets, a medical hotline, and lost pet travel assistance.

Please initial one of the following options:

Approve _____ Decline _____

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- **Fluoride treatment:** Fluoride supports healthy tooth enamel and fights the bacteria that harm teeth and gums.
Approve_____ Decline_____

Vaccines:

Pennsylvania State Law requires that all dogs and cats, 3 months of age and older, must have a current Rabies Vaccine. *Please initial one of the following options:*

Yes, {NAME} is current on Rabies vaccine_____

No, {NAME} needs to be vaccinated for Rabies_____

Would you like {NAME} updated on all yearly vaccines?

Approve_____ Decline_____ Already performed on (mm/dd/yy)_____

Elizabethan Collar (E-collar):

If applicable, an e-collar will be sent home with {NAME} after surgery. E-collars keep your pet from reaching their surgical incision which can prevent additional post-operative complications such as incision repair.

_____ I acknowledge that I have been advised to use an Elizabethan Collar to prevent complications post surgery and release East Maiden Animal Clinic from any liability or responsibility resulting from my failure to do so.

If your pet is admitted to the hospital and has fleas, the staff will give your pet an oral flea treatment called Capstar.

Consent/Authorization for surgery/anesthesia:

- I understand that all reasonable care and precautions will be taken in performance of the procedures. I understand that with any anesthetic procedure, there are risks involved, including death, and I understand these risks.
- I understand the procedures to be performed and the risks involved. I also understand the doctors and staff may initiate life saving procedures in the event of an emergency.
- I certify that I have read and understand this release, and furthermore that I assume full financial responsibility for all charges related to the above procedures.

Signature of Owner or Responsible Party:_____

Best Contact Number:_____