

P.O. Box 128, Peaster, TX 76485 8283 FM 920, Weatherford, TX 76088 (817) 458-3355 – Fax (817) 458-3350

SURGERY CONSENT FORM

Owner Name:	Date:
Contact Number:	_ Patient Name:
Species: Age: Breed/Color:	
Doctor: Procedure:	
<u>Optional Services</u>	
<u>Pre-Anesthetic Bloodwork</u> : This allows us to detect any problems with organ function (liver, kidneys, glucose metabolism) before anesthesia, that could cause complications or may dictate a change in the treatment plan.	
*PRE-OP CHEM PROFILE - \$50 ACCEPT DECLIN	NE **CBC - \$50 ACCEPT DECLINE
\$40 - IV Fluids: An IV catheter is placed so fluids may be administered during and after surgery to ensure adequate tissue perfusion and hydration. This also allows easier administration of medication, if complications should arise. ACCEPT DECLINE	
Please check if your pet needs any of these additional ser	vices today:
\$14- Toe Nail Trim\$20- Express Anal Glands	
\$20- Express Anal Glands\$20- Clean Ears	
 \$25 - Heartworm Test or FeLV/FIV test - \$32 	
o \$50 - Microchip	
 \$15 - Post Op Laser Treatment 	
Dewclaw removal (dogs only) \$60 for tw	
I certify that I am the owner or agent of the patient listed above and that I consent for the procedures above to be performed. I understand there are always risks inherent to anesthesia and surgical procedures. In the event of any complications, I authorize the doctors and staff of North Texas Veterinary Hospital to take reasonable measures to ensure my pet's health.	
I understand that I am responsible for all the charges i patient is discharged.	ncurred and that payment will be required at the time the
***Each Pet who is spayed will be tattooed inside the right flank with a small green mark. This is a universal mark for Veterinarians to know this pet has been previously altered. *** If you do not desire your pet to be tattooed, please advise our staff.	
SIGNATURE:	DATE: