

**Office use only:**

Pet Weight \_\_\_\_\_

Was pet fasted? Y / N \_\_\_\_\_

Were meds given? Y / N \_\_\_\_\_

Procedure \_\_\_\_\_

Receptionist/Tech initials \_\_\_\_\_

COMPANION ANIMAL HOSPITAL  
2800 West Henrietta Road  
Rochester, NY 14623  
585-424-2900

**CANINE SURGERY and DENTAL  
CONSENT FORM**

**Label Office Use Only**

**PRE-ANESTHETIC BLOOD TESTS**

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We always **recommend** a pre-op blood profile to check for adequate numbers of blood cells and to check proper function of the kidneys and liver that may not be evident on a physical examination. The testing is **REQUIRED** for animals 7 years old or older.

- Please complete pre-op blood tests
- I **DECLINE** pre-op blood testing
- My pet has had pre-operative blood testing performed within the past 30 days.

**IV CATHETER AND INTRAVENOUS FLUIDS**

In our continued commitment to providing your pet with the best medical care we will place an intravenous catheter and administer intravenous fluids during any procedure requiring general anesthesia for more than 5 minutes. With the IV catheter and fluids we can help protect kidney function and maintain blood pressure, and it also gives us direct access to the veins in the unlikely event of a crisis.

**PAIN/COMFORT MEDICATION**

Pain medications are administered to all surgical patients. The cost of pain medications for elective procedures will vary in addition to the surgical fee, depending on the size of the patient and the medications used.

**DENTAL PROCEDURES**

Occasionally **intraoral radiography, tooth extraction, or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us a number where you can be reached.**

Do you authorize tooth extraction(s) or repair without contacting you first?  YES  NO\* PHONE# \_\_\_\_\_

\*If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures

**RECOMMENDED TESTS**

**FECAL TEST**

YES Please provide a fecal examination for my pet. I understand there is a charge for this test.

**CANINE HEARTWORM TEST:** For adult dogs that have not been tested within the past year.

YES Please test my dog for Heartworm. I understand there is a charge for the test.

**VACCINES**

We require that all pets are current on their Rabies vaccination and Distemper vaccination.

There will be an exam charge if vaccines are given

YES, please administer only the following that are checked:  DISTEMPER  RABIES  KENNEL COUGH  LEPTO  INFLUENZA  
(There is a charge for each vaccine)

\*Occasionally, a pet can have a reaction to the vaccines. The reaction can be as mild as a few hours of being a bit lethargic to, in very rare cases, death from anaphylactic shock. It is impossible to predict which pets are prone to vaccine reactions; however, every effort will be made to treat your pet, should a reaction occur. **If you are aware of your pet having had a reaction in the past, please let the doctor know so that precautions can be taken.**

**PERMANENT IDENTIFICATION**

We can implant a micro-chip on your pet for an ID that can't get lost! This simple procedure can be performed while your pet is here today for an additional cost. Does your pet have a microchip? Yes \_\_\_ No \_\_\_ Would you like a micro-chip implanted today? Yes \_\_\_ No \_\_\_

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: \_\_\_\_\_ Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_