



FOX VALLEY VETERINARY SERVICE
231 South Millgate Drive, Burlington, WI 53105
Phone: 262-534-6000 Fax: 262-534-4919

Surgery Consent

PLEASE FILL OUT BOTH SIDES AND BRING BACK ON THE DAY OF THE SURGERY/PROCEDURE.

Pet Owner's Name: _____ Date: _____

Please bring _____ in at _____ for check in.

My pet _____ will be having _____ surgery/procedure, which will require sedation/general anesthesia. I understand that there is always some risk involved in the use of anesthesia and in performing a surgical procedure. I fully understand that I assume all risks and the clinic and staff will not be held liable for any problems arising from the use of anesthesia or complications during the surgical procedure, providing all reasonable precautions have been taken to prevent the injury or death of this animal. I, being responsible for the animal described above hereby authorize you to administer the anesthesia that is determined necessary by the veterinarian for the procedure to be performed on this animal.

- **FEEDING INSTRUCTIONS:** For any surgical procedure your animal should be fasting. This means **no food after 6:00 P.M.** the evening prior to the procedure. Your pet should always have access to clean, fresh water.
- **PLEASE WALK** all dogs prior to coming into the clinic. Even though they did not eat the evening prior, they may still have to relieve themselves.

*** ALL SURGERIES ARE REQUIRED TO HAVE PROOF OF CURRENT VACCINATIONS. DOGS SEVEN MONTHS OF AGE AND OVER MUST HAVE A CURRENT HEARTWORM TEST. Heartworm/Lyme Test: \$71.50**

IMPORTANT!

Today I can be reached at Phone Number(s)

HOME: _____

WORK: _____

OTHER: _____

All charges shall be paid in full upon release from this hospital. **If you cancel or reschedule your appointment within 48 hours prior to your scheduled surgery check in, we may assess an \$80.00 service charge to your account.** Having read the above I have signed in agreement.

Signature

Date

How would you like us to notify you when your pet wakes from anesthesia?

☐ Text Message sent to (_____) _____

☐ Phone Call to (_____) _____

Recommended Optional Services

PLEASE CIRCLE: APPROVE OR DECLINE AND INITIAL EACH OPTION

FLUORIDE TREATMENT for your pet's teeth. The purpose of a fluoride treatment is to strengthen the enamel which will increase the resistance to decay. Fluoride will decrease tooth sensitivity and decrease the rate of plaque reformation. Your pet must be at least six months of age to have this procedure done.
Cost: \$20.75

Approve or Decline Initial: _____

Should any unforeseen procedures be necessary and desirable in the veterinarian's professional judgment:

(Please choose one of the following)

- ☐ Perform whatever procedures are needed. This may include: pulling teeth, radiographs, or a different anesthesia.
- ☐ I prefer to be called before any additional procedures other than emergencies. If I can't be reached, I authorize you to proceed with all necessary procedures.
- ☐ If I cannot be reached by phone, I do not authorize any unforeseen procedures to be performed.

Initial: _____

MICROCHIP

If you microchip your pet they will have a permanent form of identification. This includes registration.
Cost: \$59.35

Approve or Decline Initial: _____

LASER THERAPY

Choose cold laser therapy post-surgical to decrease pain and inflammation and speed healing and recovery. Recommended treatment times of 1-3 treatments post-surgery at \$13.60 each. Please ask us for your pet's recommendation.

Approve or Decline Initial: _____

FLEAS

After examination, if fleas are found upon your pet we will treat with an oral medication to kill the current adult fleas and follow up with a dose of flea/tick preventative to treat your pet.

Initial: _____

FOR OUR DECLAW PATIENTS: Litter

For one week after your pet's declaw, you need to use a special litter. You may either shred newspaper or you may use a processed paper litter. We carry Fresh News Cat Litter.
Cost \$12.50

Approve or Decline Initial: _____