

# Knigh Veterinary Clinic

220 Elmcrest

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Mountain Home, ID. 83647

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## SURGICAL AND ANESTHETIC CONSENT FORM

### Blood work (optional)

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile (**\$78.23**) run on your animal. This consists of a CBC, which will check blood cells, and a chemistry panel, which will check blood glucose, kidney and liver enzymes.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a complete blood profile (**\$100.73**) for geriatric animals (animals older than 6 years).

I (**do / do not**) want pre-anesthetic blood work performed on my pet. Pre: \_\_\_ Complete: \_\_\_  
(circle one)

### Surgical/Anesthetic Consent

I have been informed of the surgery/anesthetic procedure that is being performed on my pet today. I give my permission for surgical/anesthetic procedure performed on \_\_\_\_\_. I understand that all reasonable precautions are being taken to ensure that this is as safe as it can be, but that with any surgery/anesthetic procedure, there are some inherent risks involved. I understand or have no further questions regarding the benefits or risks involved with the surgery/anesthesia.

- ❖ For any pet having an ovariohysterectomy (or spay) and is found to be **in heat or pregnant** there will be an **additional fee**.
- ❖ For any pet having a dental procedure, **teeth extractions** will be made per **doctor discretion** and there will be an **additional fee**.

I assume responsibility for all charges incurred in the care of this animal. I understand that these charges **will be paid at the time of release** and that a deposit may be required for treatment. I also understand interest fees and/or collection fees will be added to my account should I default on any payment due on my account, i.e. NSF check.

Method of payment: Cash/Check: \_\_\_\_\_ Credit/Debit: \_\_\_\_\_ Care Credit: \_\_\_\_\_  
(If Qualify)

Contact Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_  
Date: \_\_\_\_\_

