

# Knight Veterinary Clinic

220 Elmcrest (208) 587-7941 Mountain Home, ID 83647

Jeremiah Burnett, D.V.M. Chase Van Orden, D.V.M.

Courtney Briscoe, D.V.M.

## SURGICAL AND ANESTHETIC CONSENT FORM

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**Pet's Name:** \_\_\_\_\_

**Species/Breed:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Sex:** ☐ Male ☐ Female

**Client Name:** \_\_\_\_\_

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### 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 run on your animal. We highly recommend a complete blood profile for geriatric animals (animals older than 6 years) 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.

Pre-Op Blood Profile includes:

ALB, ALKP,ALT,BUN,CREA,GLU,TP, ALB/GLOB,BUN/CREA,GLOB,Na,K,Cl,Na/K

Complete Blood Profile includes:

ALB,ALKP,ALT,BUN,Ca,CHOL,CREA,GGT,GLU,LIPA,PHOS,TBIL TP,  
ALB/GLOB,BUN/CREA,GLOB,Na,K,Cl,Na/K

**Please select one of the following:**

☐ I authorize pre-anesthetic bloodwork for my pet

☐ Pre-Op Blood Profile (138.98)

☐ Complete Blood Profile (\$170.48)

☐ I decline bloodwork and accept the increased risk

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## SURGICAL / ANESTHETIC CONSENT

- ☐ I authorize the use of anesthesia, pain medications, and any other medications necessary before, during, and after surgery as recommended by the veterinarian.
- ☐ I understand the risks associated with anesthesia, including rare but possible complications or death, and have discussed my concerns with the veterinarian.
- ☐ I understand additional medical or surgical procedures may be required in an emergency. I authorize the veterinarian to take reasonable steps to protect my pet's health.
- ☐ I understand there are additional fees in the following situations:
- Spay if pet is **in heat** or **pregnant**
  - Neuter if pet is **cryptorchid** (undescended testicles)
  - **Retained baby teeth** removal or dental **extractions**

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## ADDITIONAL SERVICES REQUESTED (Check all that apply):

- ☐ Nail Trim
- ☐ Ear Cleaning
- ☐ Microchipping (Additional Form Required)
- ☐ Anal Gland Expression
- ☐ Other: \_\_\_\_\_

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## FINANCIAL AGREEMENT

- ☐ I have received a treatment care plan and agree to be responsible for all charges incurred.
- ☐ I understand that **payment is due at discharge**.
- ☐ I understand that if payment is not made, an interest fee of **18% or \$3.00 minimum/month** and/or **collection fees** may apply.

☐ I understand that **Knight Veterinary Clinic does not provide overnight care**, and if my pet requires 24-hour monitoring, **I am responsible for transporting my pet to an emergency hospital** before close of business.

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## **PAYMENT METHOD**

- ☐ Cash
  - ☐ Credit/Debit
  - ☐ CareCredit
  - ☐ Other: \_\_\_\_\_
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## **EMERGENCY CONTACT INFO**

**Primary Contact Phone:** \_\_\_\_\_

**Emergency Contact (if different):** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

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**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Owner/Agent Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_