



## KKM Veterinary Clinic Surgery Consent Form

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Date of procedure: \_\_\_\_\_

A comprehensive physical examination to diagnose the need for surgical intervention and a brief surgery check in exam to re-evaluate the condition gives our doctors vital information about your pet. However, conditions such as dehydration, anemia, infection, diabetes, and or kidney or liver disease may not be detected without a pre-anesthetic blood profile.

In order to identify possible underlying diseases, pre-surgical blood work is optional but recommended for patients under 7 years of age. For patients over 7 years of age, this blood work is strongly recommended and in some cases of known disease, is required. These tests are similar to those that your own physician would require if you were to undergo anesthesia. In addition, the results of these tests will go into your pet's health record, providing a "baseline" for comparison as your pet's health changes throughout his or her life. At this time, we do not have the ability to run in-house blood diagnostics. The blood must be drawn at least 24 hours in advance of their procedure and sent to a local laboratory. It is highly recommended that you fast your animal overnight prior to the blood draw to return the most accurate results.

- 1) Blood chemistry profile (organ function and metabolism) – specifically liver and kidney function as the anesthesia is metabolized by these organ systems
- 2) Complete Blood Count (Anemia, infection, clotting)
- 3) Urinalysis (diabetes, kidney function, infection, liver health)

### **For pets under 7 years of age:**

\_\_\_\_ Please complete the recommended "Healthy Pet" pre-anesthetic blood tests. If abnormalities are found we will contact you before proceeding with anesthesia.

\_\_\_\_ I have elected to decline the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia.

### **For pets 7 years of age and older:**

\_\_\_\_ Please complete the required the pre-anesthetic blood tests. If abnormalities are found we will contact you before proceeding with anesthesia.

\_\_\_\_ I have elected to refuse the pre-anesthetic blood tests at this time and request that you proceed with anesthesia.

To maximize patient comfort, they will receive pain medication following surgical procedures. I understand I am responsible for any costs associated with pain management for my pet.

All canine patients receive a complimentary nail trim while under anesthesia. Feline patients may receive the same complimentary nail trim upon request.

### **Acknowledgement and Consent of Surgical Risks**

As the owner, or agent of the owner, of the animal above, I hereby give my consent to Krebs, Kohler, and Minnix Veterinary Clinic (KKMVC) to perform surgery and/or treatments for my pet. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the planned procedure. I expect KKMVC to use reasonable care and judgment in performing the procedure(s). I also understand that extraction of teeth may be necessary if retained baby teeth are identified that have not come out on schedule at the cost of \$5 per tooth.

For dental procedures, I understand that extractions may be necessary and often the extent of which can only be determined during the cleaning process. Only the teeth that need to be extracted will be extracted based on the discretion of the veterinarian performing the procedure. Most simple root teeth will be removed at the cost of \$5 per tooth; multi-root or difficult to extract teeth may cost \$30-60 each. We will try to contact you in the event that many teeth need to be extracted.

While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services. Payment is due in full at the time services are rendered.

My signature on this form indicates that any questions I have regarding the procedure, recovery or potential complications have been answered to my satisfaction. I have fully reviewed the estimate for services to be provided.

**\*\*\*In the event that we are unable to reach you at the given emergency contact number(s) below:**

\_\_\_\_\_ I give the KKMVC staff permission to complete any procedures deemed medically necessary to preserve the health of my animal. Furthermore, I agree to pay the additional associated costs.

\_\_\_\_\_ Only perform the agreed upon procedure, I do not want any other veterinary medical care given to my animal without my permission. I understand that this may necessitate another anesthetic and/or surgical procedure at a later date. I also understand that this decision may possibly affect the recovery and future health of my animal.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Procedure to be performed

\_\_\_\_\_  
Contact number(s) today. Please be available in case we need to get in touch with you.