



Surgical Consent Form (Senior)

I _____ am the owner (or owner's agent) of _____.
I understand that I am authorizing performance of the following procedure(s) under general or injectable anesthesia at the doctor's discretion.

Primary Procedure(s) _____

Additional Procedure (s) Requested: _____

Primary Phone # _____ Emergency Phone # _____

Pick Up Times: Monday, Tuesday, Thursday: 5:30 p.m.-6:30 p.m.

Wednesday, Friday: 4:30 p.m.-5:30 p.m.

I understand that I will be charged for flea medication and a dose will be applied/given if evidence of fleas is found on my pet today. (Please initial) _____

I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and hospital's control. Taylorsville Veterinary Clinic (TVC) is to use all reasonable precaution against injury, escape, or death of my pet, but I will not hold TVC liable for complications, including death.

Every patient is given a thorough physical exam prior to anesthesia. Blood work is also highly recommended to fully evaluate each animal for internal abnormalities that may not be evident on physical exam. The combination of a thorough physical exam and blood work help to ensure that the risk of complications associated with anesthesia is minimal. (Please initial your choice)

_____ CBC/Chem15/Electrolytes (\$125) *(Recommended for patients over 7 years of age)*

_____ CBC/Chem10/Electrolytes (\$95)

In the event that my pet arrests while hospitalized at Taylorsville Veterinary Clinic, I authorize CPR code (Please initial your choice):

_____ DNR (No resuscitation)

_____ CPR (Normal CPR involving chest compressions, oxygen therapy and medications such as epinephrine, atropine, etc...)

Signature: _____ Date: _____



Surgical Consent Form

Biopsy for Mass Removals: (Additional cost \$187.10) *Cost will increase if more than one biopsy is submitted

If your pet is having a mass or nodule removed, we highly recommend a biopsy of the removed tissue. This allows for an exact diagnosis of the abnormal tissue and if cancer is present or not. This service generally takes 5-7 business days.

Yes, please biopsy the tissue removed and call me with the results as soon as they are available.

No, I do not want to biopsy the abnormal tissue specimen.

Companion Laser Therapy: (Additional cost \$20.00)

We are excited to offer laser therapy for all post-surgical patients. Laser therapy is a quick, surgery free, drug free, non-invasive treatment to reduce pain, reduce inflammation, and to increase the speed of healing post-operatively. *For more information see additional handout.* (Please initial your choice)

Yes, please complete the laser therapy on my pet after surgery to provide immediate pain relief and increase speed of healing.

No, I do not wish to have laser therapy of my pet after surgery.

Permanent Identification System: (Additional cost \$64.00)

We are proud to offer a microchip companion retrieval system. A microchip is inserted under your pet's skin, which allows for the pet to be electronically identified for its entire life. We will register the microchip to your address, so if your pet ever escapes and is taken to a shelter or veterinary hospital, it can be identified with a microchip scanner and you can be contacted. *For more information see additional handout.* (Please initial your choice)

Yes, I'd like for my pet to be permanently identified with a microchip

No, I am not interested at this time.

Dental Sealant: (Additional cost \$83.60)

We offer a clear dental sealant that is applied to teeth after a dental cleaning or teeth free of tartar (generally pets under 6 months of age). The sealant will stay on teeth for up to 6 months and prevent tartar accumulation under the gum line that leads to gingivitis. This will ideally prolong the next dental cleaning by at least 6 months. *For more information see additional handout.*

Yes, I'd like dental sealant applied to my pet's teeth to prevent tartar and gingivitis for up to 6 months.

No, I do not want dental sealant applied at this time.

Maryland law requires veterinary hospitals to make pet owners aware when the hospital is not a 24 hour facility. By signing the following statement, you are stating that you understand Taylorsville Veterinary Clinic is not a 24 hour hospital.

I, _____, understand that Taylorsville Veterinary Clinic is not a 24 hour hospital. If my pet, _____, is left in the hospital overnight, there will be no supervision during the following hours:

Monday: 7pm to 7am

Tuesday: 7pm to 7am

Wednesday: 6pm to 7am

Thursday: 7pm to 7am

Friday: 6pm to 7am

Saturday: 1pm to Monday 7am

Signature: _____ Date: _____