

ORANGEVALE VETERINARY HOSPITAL, INC.

Surgical insemination Anesthesia and Surgery Consent Form

Client Name: _____ T _____ HR _____ RR _____ CRT _____

Patient: _____ **Weight** _____ EENT _____ H & L _____ Abd _____

OK for surgery Y _____ N _____ Skin _____ GA _____ MS _____

We recommend a preoperative blood profile before the use of anesthetics on all animals.

This is necessary to ensure that basic liver and kidney values are within normal ranges. Furthermore, it can help us catch any undetected congenital/health problems or illnesses that may not be evident upon physical examination. *Pets admitted and found to have parasites such as fleas or ticks will be treated at the owner's expense.*

| | |
|---|--|
| Pre-Anesthetic Test Plus Clot Time - \$95.00 Approve _____ Decline _____ | Pain Injection - \$30.00-50.00 Approve _____ Decline _____ |
| Heartworm Testing - \$45.00 <i>Heartworm test must be current within the past year and be on heartworm prevention.</i> Approve _____ Decline _____ | Pain Medication to Go Home Approve _____ Decline _____ |
| HomeAgain Microchip- \$55.00 (Includes registration) Approve _____ Decline _____ | |

******SEMEN TO BE USED:** Frozen _____ * Fresh Chilled _____ Fresh Collection _____

***If available, I give permission to use additional vials/straws if after post thaw, doctor determines that an additional vial/straw will increase the chance of a successful breeding. Initial _____.**

AUTHORIZATION FOR ANESTHESIA/SURGICAL TREATMENT

*I have been fully advised of the anticipated procedures, advised of the reasons for them, and of the expected benefits, and the possible risks involved. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency/non-emergency nature. **DO NOT RECUSITATE** _____*

*I understand that veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personnel **may not** be provided during these hours.*

*I hereby release Orangevale Veterinary Hospital, Inc., assigned doctors, and staff from all claims, legal, or equitable, arising out of the treatment rendered, and affirm that no guarantee or assurance has been made as to the results that may be obtained. **I also understand and agree to pay for all services upon release.***

Orangevale Veterinary Hospital makes no guarantees, expressed or implied, that conception will occur.

I have read and understand the above. Initial _____

Signature: _____ Date: _____

Phone number/s where you can be reached: (_____) _____

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