

Sunrise Veterinary Services

448 S. Albert Ave
Reedsburg, WI 53959
608-768-7297 - svsdvm@rucls.net

Client Information:

First Name: _____ Last Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____

Patient Information:

Patient's Name: _____
Dog ___ or Cat ___ Breed: _____
Color: _____ Date of Birth: _____
Male ___ Female ___ Neutered ___ Yes ___ No

Anesthesia & Surgery Consent Form

Emergency contact number: _____

Date: _____

List of current medications: _____

Procedure(s) to be performed: _____

As the owner of the above pet, I certify that I am over the age of 18; and I authorize the staff of this clinic to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I acknowledge that the veterinary staff at this practice has explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization as well as for any post-operative costs deemed necessary. _____ (initial)

Pre-Operative blood work looks at red & white blood cells, platelets & evaluates organ function. It is recommended for all pets, but is required for pets 5 & older. Please *Initial* one of the selections below.

Blood work was done previously. _____

I would like to do blood work today and agree to pay the extra bloodwork fee. _____

Pets under the age of 5 only, I decline blood work today. _____

In the event of an emergency, I elect life saving treatment (drugs, assisted breathing, CPR).

___ Yes ___ No. Do not attempt resuscitation.

*****Females*** When was your pet's last heat? _____**

** For Female pets to be spayed, if she's found to be pregnant at the time of surgery, how would you like us to proceed?*

___ Do not proceed with spay surgery.

___ Proceed with spay surgery, terminating the pregnancy. Additional charges may apply.

My pets current health status is: ___ Healthy, ___ Eating/Drinking normally, ___ Coughing/Sneezing, ___ Vomiting/Diarrhea ___ Lethargic, ___ Pregnant or Possibly Pregnant, ___ Other: _____

Has patient eaten since 7pm last night? ___Yes___ No.

Has the patient had any water since 7am? ___Yes___ No.

Does the patient have any known allergies to medication or anesthetic drugs? ___Yes___ No. If so, to what? _____

Is your pet on Flea and Tick prevention? ___yes___ no. When was the last dose applied? _____

**** Sunrise Veterinary Clinic recommends all pets be on a flea-preventative before their surgical appointment. If your pet is not on a preventative, we cannot be responsible for a flea infestation. Veterinary hospitals have a volume of patients coming and going each day. Because fleas are highly contagious, your pet can be at risk, without ever coming in direct contact with an infested patient. Administration of a high quality preventative will protect your pet from bringing fleas back home after surgery.****

For the well being of all patients being hospitalized at our clinic; if fleas or internal parasites are noted, the pet will be treated by the veterinarian at the owner's expense. _____ (initial)

For you and your cat's safety, all cats must be restrained in a kennel when they go home from the clinic. If you do not have access to a kennel we have a cardboard kennel for \$6 that you can purchase. _____

Would you prefer to receive a text message update about your pet or phone call?

_____Text

_____Phone Call

I acknowledge that I am giving consent for anesthesia and am aware of the risks, and that I'm responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner Signature: _____

Date: _____