



Chosen Valley Veterinary Clinic SURGERY AND ANESTHESIA CONSENT FORM

OWNER NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP _____ PETS NAME: _____

EMAIL: _____

SPECIES: ☐ Dog ☐ Cat ☐ _____ BREED: _____ SEX: ☐ Male ☐ Female

COLOR: _____ AGE: _____ WEIGHT: _____

PROCEDURES TO BE PERFORMED: ☐ Spay ☐ Neuter ☐ Mass Removal ☐ Dental ☐ Declaw

☐ C-Section ☐ Laceration ☐ Other _____

VACCINATIONS NEEDED: Dog: ☐ Distemper ☐ Rabies ☐ Lymes ☐ Bordetella ☐ Canine Flu ☐ Lepto

Cat: ☐ Distemper ☐ Rabies ☐ Leukemia

PLEASE CHECK/LIST ANYTHING ELSE WE CAN DO FOR YOUR PET TODAY:

☐ Nail Trim (\$12) ☐ Anal Glands (\$30) ☐ Microchip (\$40) ☐ Other _____

****Please Note: Pets having surgery and/or an IV catheter will have fur shaved at corresponding sites.**

Anesthesia carries some risks therefore we always recommend blood work for all pets to check for pre-existing liver and kidney problems, anemia, infections, and blood clotting disorders. **The pre-anesthetic bloodwork package includes: CBC and blood chemistry. Additional Cost: CANINE: \$100.00 FELINE: \$90.00**

☐ I APPROVE Pre-Anesthetic Bloodwork ☐ I DECLINE Pre-Anesthetic Bloodwork

Pain medications for surgeries are strongly recommended but not required. The intensity and duration of pain will vary depending on the surgical procedure. An additional cost for pain medication will be charged on top of the surgery charge (\$13-35). **Pain medications will be given to all declaws at the time of surgery.**

☐ I APPROVE Pain Medication ☐ I DECLINE Pain Medication

Medication to reduce nausea and vomiting during and after anesthesia is strongly recommended. An additional cost will be charged on top of the surgery charge, cost is based on weight (\$10-60).

☐ I APPROVE Anti-Nausea Medication ☐ I DECLINE Anti-Nausea Medication

HAS YOUR PET EATEN IN THE LAST 12 HOURS ☐ YES ☐ NO

I understand that all anesthesia involves some minimal risk to my pet and therefore the doctors will not be held liable or responsible in any manner for the injury, escape, or death of my pet in connection with the procedure. I am encouraged to discuss any concern I have about the risks with the veterinarian before the procedure(s) is/are initiated.

Signature of Owner or Agent

Printed Name

Date

Payment is due at the time of services rendered. We accept cash, checks, and all major credit cards.



CHOSEN VALLEY VETERINARY CLINIC

PHYSICAL EXAM FORM

OWNER: _____

DATE: _____

PETS NAME: _____

☐ HEARTWORM TEST: ☐ Negative ☐ Positive

☐ CAT ☐ DOG ☐ _____

☐ Heartworm ☐ Lymes ☐ Ehrlichia ☐ Anaplasma

WEIGHT (Pounds): _____

☐ LEUKEMIA TEST: ☐ Negative ☐ Positive

VACCINATION GIVEN: Dog: ☐ Distemper ☐ Rabies ☐ Lymes ☐ Bordetella ☐ Canine Flu ☐ Lepto

Cat: ☐ Distemper ☐ Rabies ☐ Leukemia

PHYSICAL EXAM: Temperature: _____ Heart Rate: _____ Respirations: _____

CRT: _____ BCS: _____ Other: _____

SURGERY REPORT: _____

THERAPY ADMINISTERED:

Pain Meds: Ostiox: _____ ml SC Zorbium Transdermal: 20mg/ml 1ml 20mg/ml 0.4ml

Other Inj. Meds: Cerenia: _____ ml SC IV Polyflex: _____ ml SC Convenia: _____ ml SC

ANESTHESIA: ☐ TXK: _____ ml IM IV Inj. Site: RT LT HIP LEG ☐ Dexdomitor: _____ ml IM

☐ Butorphanol: _____ ml IM ☐ Propofol: _____ ml IV ☐ Anesthetic Gas: Isoflurane

MEDICATIONS DISPENSED: _____
