

PETSRFAMILY ANIMAL CLINIC SURGERY CONSENT FORM

Owner’s Name: _____ Date Printed: _____

Pet’s Name: _____ Sex: _____

Procedure(s): _____

Primary Contact Number for Today: _____

Emergency Contact Number for Today: _____

Pet’s Medications: _____

NOTE: Any procedure done under the \$250 promotion does not include medications/e-collar to go home or any additional procedures (including dental extractions). If the pre-surgical bloodwork indicates your pet is ineligible for surgery you are held responsible for the cost of bloodwork (\$85).

There is surcharge of \$80 for pets over 60# and \$150 for pets over 90# due to extra material and surgical time. If your pet is in heat at the time of her spay surgery there will be a surcharge of \$75 (in addition to a weight surcharge if over 60#) due to increased material and surgery time.

All pets must have proof of current rabies vaccination or they must receive one during their visit today at a cost of \$23.64.

Owner’s Initials: _____

CONSENT: I authorize PetsRFamily Animal Hospital (also referred to as “PRFAH”) veterinary staff to perform the above-mentioned medical procedure(s) and/or treatment(s) on my pet. I acknowledge and understand that unknown and unanticipated risks and complications always exist with animals going under anesthesia and/or surgery, which could result in injury to my pet, including the possibility of death. I indicate with my signature, my consent to the above procedure(s) and that all questions have been answered to my full satisfaction and that I understand any risk associated with my pet’s procedure(s).

Owner’s Initials: _____

PRE-OPERATIVE CARE: I certify that my pet has not eaten any food and drank decreased liquids since midnight last night. If there is a possibility that my pet had more than the recommended amount of water or eaten anything past midnight, it is requested by PRFAH’s veterinary staff to reschedule the procedure due to an increased risk of complications that can arise from a pet’s aspiration while under sedation, anesthesia, or while recovering from anesthesia.

Owner’s Initials: _____

EMERGENCY TREATMENT: I understand and have been advised that, during the performance of the above-mentioned procedure(s), unforeseen conditions and circumstances might arise or might be revealed that necessitate (1) an extension of the above procedure(s) and/or (2) different procedure(s) being required in addition to the above-mentioned medical

procedure(s). In case of emergency or additional treatment, **I understand that PRFAH will make every attempt to contact me by phone.** However, depending on the circumstance, **in the event that they are unable to contact me prior to rendering emergency treatment on my pet, the following decisions have been made by me regarding the rendering of emergency and/or resuscitative care and treatment to my pet:**

MUST SELECT:

PRFAH's staff **has** _____ or **does not have** _____ (initial one applicable phrase) my permission to provide any emergency treatment and/or treatment and care as the attending veterinarian or technician deems necessary.

_____ I agree to pay for all related fees associated to such emergency care and/or treatment.

Owner's Initials: _____

Disclaimer: I understand that PRFAH cannot be held accountable for the Loss/Damage to any belongings (covers/pillows/beds/leashes/collars) left with my pet. PetsRFamily is open from 9am-7pm Monday-Friday and 9am-3pm on Saturday. Late pick up (10 minutes after closing) will incur a \$50 'late pick up' fee due to holding staff over. If owner is no call/no show at 7pm the pet will be left in a kennel w/ food and water overnight an \$85 boarding fee will be incurred. Owner will be able to pick up at opening the next morning.

Owner's Initials: _____

ADDITIONAL SERVICES: I would like the following additional services performed on pet today

Home Again Microchip (\$45.80)

Nail Trim (\$10.00)

Ear Cleaning (17.41)

4DX Heartworm/Lyme/Ehrlichia/Anaplasma Test (\$51.18)

Laser Therapy for faster healing results (15.00)

Other: _____

ADDITIONAL CONCERNS:

PAYMENT DUE AT TIME OF SERVICE: We accept Visa, Mastercard, Discover, American Express, Care Credit, Debit, Cash and Check.

Signature: _____

How are laser treatments administered?

During a treatment session, the handheld laser wand is slowly moved back and forth over the damaged tissue, producing a warm, pleasant sensation that most pets seem to enjoy and find relaxing. Sessions usually last 15 to 30 minutes, with the number of sessions and frequency of treatments dependent on the injury. Chronic conditions may be treated weekly, whereas surgical incisions and open wounds often require daily treatment.

Is laser therapy safe for pets?

Laser therapy is safe if performed correctly, using the proper settings and treatment durations. Higher-powered units can cause thermal burns to tissues if used incorrectly. Also, laser beams directed at an eye can cause permanent retinal damage, so patients and all veterinary staff must wear protective goggles during treatment.

Laser therapy

Helps tissue repair and faster surgery healing process by causing the following:

- Endorphin release
- Vasodilation, which increases blood flow to bring in oxygen and cells involved in the healing process -Muscle relaxation
- Decreased inflammation
- Faster healing and repair