

SURGERY FORM

Woodbury Veterinary Hospital

Lewanda F. Lance, DVM

102 N. Dillon Street

615/563-8387

Woodbury, TN 37190

Owner: _____

Case No: _____

Street: _____

City: _____

Phone: (____) _____

Pet's Name: _____

Breed: _____

Sex: _____

Age: _____

Color: _____

Markings: _____

I, _____ the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Lewanda F. Lance DVM his/her agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

and to perform any other procedure that, at his discretion, may be useful to promote the health of the above, described pet, and I do hereby and by the presents forever release the said doctor, her agents, servants, or representatives from any and all liability arising from said surgery on said animal. **While here if your pet is noticed to have fleas and/or ticks they will be treated at your expense.**

Signed: _____

Date: _____

Pre- Anesthetic Blood Testing /CBC Consent From

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the kidneys, liver or blood sugar, are not detected unless blood testing is performed. Such tests are especially important before any surgery.

These tests are required for patients over the age of 6 years. For these reasons, we highly recommend blood screening before each anesthetic/surgical procedure. The total cost of these important tests is **\$72.00** in addition to procedure.

Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and/or surgery. Please indicate your choice below.

Pets Name: _____ **Owner:** _____

Procedure to be performed: _____

___ Yes, I want my pet to have a pre-anesthesia blood screen.

___ No, I do not want my pet to have a pre-anesthesia blood screen.

*Would you like _____ permanently identified and registered with a microchip for an additional fee of \$39.99

_____ Yes!! I would like permanent identification in the form of microchipping.

_____ No, I do NOT want my pet microchipped

*Would you like _____ tested for FELV/FIV for an additional fee of \$35.00.

_____ Yes, I want my pet to be tested for FELV/FIV.

_____ No, I don't want my pet to be tested for FELV/FIV.

Signed: _____

Date: _____

PAIN MANAGEMENT RELIEF FORM

No Pet should suffer from unnecessary pain. Our policy is to control the pain of pets in our care. Pain is more than an unpleasant sensation or emotion. Unrelieved pain can lead to harmful physical effects and may delay healing. While pets cannot tell us when and where they hurt, we know they feel pain just as a person would. Consequently, we assume any injury, disease, or procedure that may cause pain in people, will also cause pain in your pet and should thus be treated. We believe controlling our patient's pain is important. Medication will be administered before, during, and after your pet's medical procedure to reduce pain and discomfort and to also promote recovery.

Pet's Name: _____ is required to have a pain package (laser treatment, pain injection and pain medication to be sent home) after any surgical procedure.

_____ Yes, I understand _____ I will be given this pain package after any surgical procedure.

NAUSEA RELIEF

_____ Yes, I consent to _____ having an antinausea injection pre or post any surgical procedure. (To be given at doctor's discretion).

LASER THERAPY

_____ Yes, I consent to _____ having a laser therapy treatment pre or post any surgical procedure. **(Helps reduce pain, reduce inflammation, and speed healing).**

SPAY AND NEUTER TATTOO REQUIREMENTS

_____ **I understand my pet will have a green tattoo placed on abdominal/scrotal area after surgery.**

Signed: _____

Date: _____

REQUIRED IMMUNIZATION

Due to high volumes of contagious/infectious disease all animals are required to be up-to-date on vaccinations listed below before surgery.

Pet's Name: _____

Cats: FVRCPv/c and RABIES and LEUKEMIA

Dogs: DA2PPv/c and RABIES and BORDETELLA

Declining Immunization is not an option:

The purpose of any immunization program is to effectively reduce the spread of infectious diseases among animals.

Owner Signature: _____

Date: _____

Hospitalization Authorization

I hereby consent and authorize Dr. Jordan or her associates to receive, prescribe for, treat _____.

Woodbury Veterinary Hospital is to use all reasonable precautions against injury, escape or destruction of the _____(s), but Woodbury Veterinary Hospital will not be held liable or responsible in any manner whatsoever for any circumstance on account of the care, treatment or safe keeping of _____. It is thoroughly understood that I assume all risks. Financial responsibility for services rendered is due at the time of discharge.

I also understand that Woodbury Veterinary Hospital is not staffed twenty-four (24) hours a day and after hour treatment of patient is at the discretion of the veterinarian.

Signed: _____

Date: _____

Phone number in case of Emergency: _____