



Cudahy Veterinary Clinic

Pre-operative/Pre-anesthetic Consent

_____ presents today for _____
(pet's name) (procedure)

In preparation for this procedure, we recommend a pre-surgical blood panel to ensure early detection of metabolic disorders or conditions that might effect your pet's health and safety during the procedure. Please initial your selection below - accept or yes indicates your wish for us to do the blood screen. Current cost of the blood screen is \$75-115.

accept (yes) _____ decline (no) _____

Post-operative pain medications are recommended following any surgical procedure. Pets often are very stoic and do not display or exhibit pain in a manner we might recognize. Please initial your selection below - accept or yes indicates your wish for your pet to have post-operative pain medications. The cost of the pain medications depends upon the size of your pet and the medication that is best for your individual pet. Please ask us and we will do our best to give you an accurate estimate.

accept (yes) _____ decline (no) _____

Some surgical procedures can be lengthy in duration. Extended operative procedures can lead to dehydration and hypothermic conditions. It is an option to have an intravenous (IV) catheter placed prior to the procedure so that emergency medications may be given more efficiently should anything unexpected arise during the procedure. Additionally, it will allow for IV fluid hydration support should a need be identified. The cost of fluid support depends greatly upon the size of your pet and the duration of the procedure. Prices range from about \$45-75.

accept (yes) _____ decline (no) _____

Informed consent:

I hereby consent and authorize the above named to receive, prescribe for, treat and/or operate upon my pet. I assume all risks with regard to restraint, anesthesia, surgery and general care of aforementioned pet. I understand that any estimate given for medical/surgical procedures is not a definite cost quote and I assume all financial liabilities incurred for professional services rendered. I understand that all fees must be paid before the pet is discharged from the hospital.

The phone number provided below is where I may be contacted in the event of an emergency. If you are unable to contact me, Cudahy Veterinary Clinic is authorized to proceed with care in the most cost effective and humane manner necessary for my pet.

Signature: _____ Date: _____

phone number: _____