



WEST BRANCH VETERINARY SERVICES
CANINE CONSENT FORM

OWNER _____ PET _____

PROCEDURE _____ YOUR PHONE #TODAY _____

We **strongly** recommend all dogs be vaccinated for Distemper-Parvo, Kennel Cough and Rabies when hospitalized, for their own protection.

Vaccines due: DHLPP(\$39) _____ KENNEL COUGH(\$15) _____ RABIES(\$32) _____ FECAL(\$24) _____ DEWORM _____ LYME(\$30) _____

*If a combination of vaccinations are done there is lowered price

Vaccinate my dog for: _____ Is a DENTAL being done? YES NO

Does your dog need a Heartworm test (\$34 only, if with other vaccines \$23)? YES NO Heartworm Preventative _____

*Heartworm test is only \$23- if pre-anesth bldwk is done (cost of heartworm preventative dependent on preventative type and size of pet)

We do offer microchipping of any pet going under anesthetic. Microchips are tiny chips that are injected under a pet's skin. If a pet gets lost or is taken the pet can be identified by scanning for the microchip. The cost for this **microchipping** is \$48.00 plus your fees for registration (CURRENTLY 17.99). I approve _____ I declined _____

Additionally, our doctors recommend preanesthetic blood testing before surgical procedures because it minimizes the risk of complications. The results of these tests give us information about your dog's ability to tolerate anesthetic drugs and their ability to be removed from the animal's body. The older the pet, the greater the chance for underlying problems and the more tests we need to run.

Dogs 6 years and younger	<u>37.00</u> CREA, ALT, Hematocrit
Senior (7 years and older-MANDATORY)	<u>50.50</u> BUN, ALT, ALKP, TP, ALB, GLOB, Glucose, Creatinine, Hematocrit
Total Profile	<u>106.00</u> Battery of 17 tests & CBC

ALL PETS 7 YEARS AND OLDER ARE REQUIRED BY WBVS TO BE ON IV FLUIDS AND HAVE HAD BLOOD WORK CHECKED IN THE LAST 6 MONTHS BEFORE THEY GO UNDER ANESTHETIC. FLUIDS AND BLOOD WORK ARE NOT OPTIONAL FOR THESE PETS.

I approve _____ I decline _____ appropriate **preanesthetic blood testing**.

*Please note that all of our surgeries are provided with heated waterbeds and a pulse oximeter to monitor respirations, heart rate and blood oxygen levels.

_____ If your pet is in heat or pregnant there may be an additional charge up to \$45.00 due to increased complications during surgery and by initialing this you understand this and agree to the possibility of additional charges.

IV fluid therapy is mandatory for all pets going under anesthetic. IV fluids are automatically included in all of our routine procedures and will be done on all non-routine procedures going under anesthetic. please note subq (under skin) fluids may be done if proper IV can not be established. Please note: based on bloodwork results or age of pet- one of our doctors may recommend IV fluids be started before treatment/procedure and continued throughout the day, in these cases a treatment of IV fluids-extended would be done at \$48.00

FOR DENTALS ONLY! Pain Management therapy- PAIN MEDICATION IS MANDATORY FOR ROUTINE SURGERIES AND WILL BE DISPENSED AT VETERINARIAN'S DISCRETION FOR ALL OTHER SURGERIES/TREATMENTS/PROCEDURES.

I approve _____ I decline _____ **pain management** (\$16 total charge)

I also understand that if my pet is having a dental procedure done that he/she may have extractions. _____

*If you have any further questions or concerns regarding cost of services provided a member of our staff will be glad to talk to you or prepare an estimate for the surgery, vaccinations or lab procedures.

*I hereby authorize West Branch Veterinary Services to perform the above procedures.

*In addition, I agree to any additional diagnostic, treatment, and surgical procedures to be performed as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Please be aware this may include dental extractions.

*Please be assured that advances in anesthesia and surgery have made procedures relatively safe with a low rate of complications.

Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine examination. These complications may include death.

**I have read and understand the above statements.

PLEASE BE SURE ALL HIGHLIGHTED AREAS ARE FILLED OUT PROPERLY BEFORE SIGNING!

OWNER/AGENT _____ DATE _____

PLEASE ASK IF YOU HAVE ANY QUESTIONS CONCERNING YOUR TOTAL BILL AND WE CAN GIVE YOU AN ESTIMATE FOR THE PROCEDURE/TREATMENT. a minimum of a 50% deposit is required on ALL non-routine procedures or hospitalizations.