

South Crossing Veterinary Center

6700 Kalamazoo Ave. SE, Grand Rapids, MI 49508

CONSENT TO ROUTINE SURGICAL CARE

Client Name: _____ Pet's Name: _____
Date _____ Contact Numbers: _____ Email: _____
Surgery to be performed : _____

Policies for surgical admitting:

- Pets must be current on all preventive health care. Dogs require: Distemper, Bordatella and Rabies vaccinations, as well as heartworm testing.
- Fleas are not tolerated here. If your pet has evidence of fleas they will be treated at your expense.
- We reserve the option to decline performing surgery on animals that are aggressive or have any health problems that would preclude anesthesia.
- Surgical drop offs are from 8 until 9am. Pick-ups from surgery will be arranged at drop off time.

Pre-surgical Blood Testing:

Your pet's blood is one of the largest organs and the easiest to examine. Many diseases and disorders can be identified in the blood before anything else can be seen. By examining your pet's blood before surgery we can often identify problems before they affect them. Blood testing is routine in human medicine, and has helped make surgery safer and led to longer life for humans. We strive for these goals for your pet as well.

Please Perform the age appropriate testing on _____ before anesthesia

Up to 1 year \$69.50
From 1 to 6 years \$87.50
From 6 years on (required) \$119.50

YES NO

Would you like _____ to receive a post-operative injection to relieve pain?

YES NO (ask for cost estimate)

Would you like the surgery on _____ to be performed with a LASER?

YES NO (ask for cost estimate)

(the use of LASER greatly reduces, blood loss, swelling and pain)

Would you like _____ to receive any of the following Available Services?

- Nail trim Yes No (Cost: \$14.10)
- Ear Cleaning Yes No (Cost: \$13.80)
- Anals checked/expressed Yes No (Cost: \$ 15.30)
- Teeth cleaning Yes No (Ask for estimate)

(Often combining services such as Dental cleaning with routine surgeries, X-rays, Cold Laser therapy can significantly reduce the charges. Ask our staff)

OWNER RELEASE: South Crossing Veterinary Center is to use all reasonable precautions against injury, escape, or death of _____ I understand that all anesthesia and surgery involves risk to my pet and that South Crossing Veterinary Center and its representatives will not be liable for any adverse outcome. It is thoroughly understood that I assume all risks. I agree to pay in full all costs when I pick up _____.

I have read the foregoing and agree.

Signature of the above animal's owner or authorized agent

Telephone:
