



KKM Veterinary Clinic Surgery Consent Form

Patient: _____

Date: _____ Breed: _____ Age: _____

I understand that in performing the following procedure(s) my pet will receive a general anesthetic. I understand that some risk of injury or death always exists with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure is initiated. We offer several options to minimize surgical complications and increase your pet's comfort, both during surgery and recovery.

ALL ITEMS LISTED BELOW ARE OPTIONAL AND WILL COST MORE.

Please initial in either the Yes or No column

____ Yes ____ No **Pre-anesthetic blood work (\$70):** Allows assessment of organ function and evaluation of underlying diseases such as: diabetes, infection, anemia, liver dysfunction, and kidney dysfunction that may increase your pet's anesthetic risks and complicate recovery. **Recommended for all pet under 7 and REQUIRED for those over 7 years of age.**

____ Yes ____ No **Laser Surgery (\$50):** Aids in decreased bleeding at time of surgery, allows for decreased pain, faster healing time, and decreased risk of infection following surgery. **Laser surgery is included in the pricing for all declaws.**

____ Yes ____ No **IV Catheterization (\$50 and Intravenous Fluids (\$15):** Allows us to keep patients hydrated and to maintain blood pressure during surgery. Catheterization gives quick venous access in the event of anesthetic complications. **REQUIRED for all pets over 7 years of age.**

____ Yes ____ No **Therapy Laser (\$10):** Therapy laser is a painless procedure that helps stimulate tissue regeneration and promotes cell growth. This will result in both decreased healing times and decreased pain for your pet.

____ Yes ____ No **MicroChipping (\$64.00):** Provides peace of mind that if your pet is ever lost he/she has a permanent, lifetime ID implanted in them so they can be linked to you and get back home.

If your pet is here for a dental cleaning, extractions may be necessary to ensure your pet's comfort and dental health. Extractions are NOT included in the cost of a dental cleaning. **Please initial the appropriate choice below concerning extractions.**

____ I give permission for the doctor to perform extractions as needed.

____ Please call to discuss extractions before performing the procedure.

To maximize comfort, your pet will receive pain medication following surgery. I understand that I am responsible for any costs associated with pain management for my pet. All canine patients will receive a complimentary nail trim while under anesthesia. Feline patients may receive the same complimentary nail trim upon request.

Acknowledgement and Consent of Surgical Risks

As the owner, or agent of the owner of the animal above, I hereby give KKM Veterinary Clinic consent to perform surgery and/or treatments for my pet. I understand that during the performance of this procedure, unforeseen conditions may be revealed that may necessitate an extension or variance in the planned procedure. I expect KKM Veterinary Clinic to use reasonable care and judgment in performing the procedure(s).

While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services. Payment is due in full at the time services are rendered.

My signature on this form indicates that any questions I have regarding the procedure, recovery, or potential complications have been answered to my satisfaction. If an estimate has been presented, I have fully reviewed it for the services that are to be provided.

*****In the event that we are unable to reach you at the given contact number(s) below:**

_____ I give the KKM Veterinary Clinic staff permission to complete any procedures deemed medically necessary to preserve the health of my animal, including CPR. Furthermore, I agree to pay the additional associated costs.

_____ Only perform the agreed upon procedure, I do not want any other veterinary medical care given to my animal without my permission. I understand that this may necessitate another anesthetic and/or surgical procedure at a later date. I also understand that this decision may possibly affect the recovery and future health of my pet.

_____ I acknowledge that my pet will be going home with an Elizabethan Collar (E-Collar) on to protect my pet from damaging his/her incision(s). In addition to restricting my pet's physical activity, this collar must remain on my pet, except for eating, for 10-14 days. I agree to monitor my pet closely to ensure he/she does not find a way to damage the incision or area protected by the E-Collar. Failure to follow discharge instructions could result in self-inflicted injuries to my pet due to excess movement, licking, biting, or otherwise damage to the incision or treatment area. KKM is not responsible for any costs incurred for failure to follow instructions.

Procedure to be performed: _____

Contact numbers today (Please be available in case we need to get in touch with you):

1. _____
2. _____
3. _____

Signature of Owner/Agent: _____