

PIPER HERITAGE VETERINARY CLINIC
3140 N. 99TH Street
Kansas City, KS 66109
(913) 299-0010

Owner / Agent _____
Patient Name _____

Dr. Richard D. Smith
Dr. Corbin Hodges
Dr. Jeremiah Nilges

SURGICAL and ANESTHETIC PROCEDURE CONSENT

Our concern is for the safety, health and comfort of your pet. It is important that we assess the complete health status of your pet before undergoing anesthesia and surgical procedures. We will perform a physical exam and we recommend a complete blood profile for all patients. For patients over 10 years of age a blood profile is required unless already completed in the past 30 days.

Surgical procedure: _____

Surgical Procedures to be performed with sedation and or general anesthesia:

The nature of veterinary medicine and surgery does not allow us to do some examinations without sedation. Therefore occasionally during the course of a surgical procedure, new findings may require changes in the course of surgical treatment. The only time changes in therapy will be made is if improvement in the quality of care and benefit to the patient can be achieved. If additional procedures need to be performed we will attempt to reach you for your consent.

Please provide us to your phone number where you can be reached.

If your pet is under 10 years of age:

- Yes, I request Pre Anesthetic Blood Tests (cost is \$105.00)
- No, I decline and understand the potential risks.

For patients over 10 years the blood tests are required at a cost of \$105.00

Pet History

Please provide the following information. Also, let us know of any additional services that you would like performed at this time, especially if they require sedation.

Medications currently taking: _____ Last dose taken: _____

Are you aware of any adverse or allergic reactions that your pet has had in the past to medications or anesthetics?

Date of last vaccinations: Rabies _____ Distemper _____ Bordetella _____ FeLv/FIV Test _____

When did your pet last eat? _____

Has your pet been feeling/acting normal this past week? _____ Eating well? _____

Has there been any recent vomiting/diarrhea/coughing/sneezing? _____

Would you like your pet to have a Micro Chip placed while under sedation (\$40.00) _____

Any other services while under anesthesia? _____

Would you like your dog to have a 6 month ProHeart6 Injection (heartworm protection)? _____

As the owner of the pet described above I hereby give Piper Heritage Veterinary Clinic, its Doctors and staff consent and authority to provide the above described procedure. I understand the procedure as it has been explained to me. I have been informed that there are certain risks and potential complications and those conditions may arise that require changes in the treatment procedure. I authorize the use of the appropriate medical treatment including anesthetics and analgesics before, and after the procedure.

Signature of Owner or Agent for Owner

Date

Daytime phone number

Receptionist

Do you prefer to receive a text message following surgery/procedure: () YES () NO

Phone number to text: () _____