



KKM Veterinary Clinic Surgery Consent Form

Patient: _____ Date: _____

Species/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.

ITEMS LISTED BELOW ARE OPTIONAL AND WILL BE ADDITIONAL COST.

YES NO Please INITIAL in either the YES or NO Column

_____ **PRE-ANESTHETIC BLOOD WORK (\$105):** 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.

_____ **LASER SURGERY (\$65):** Aids in decreasing bleeding at time of surgery, decreases healing time, decreases pain during recovery, decreases risk of infection following surgery.
IF INCLUDED ON ESTIMATE FOR NON-ELECTIVE PROCEDURE MUST INITIAL YES.

_____ **THERAPY LASER (\$20):** Therapy laser is a painless procedure that helps stimulate tissue regeneration and promotes cell growth. This will result in decreased healing time, decreased pain during recovery, and decreased risk of infection following surgery.
IF INCLUDED ON ESTIMATE FOR NON-ELECTIVE PROCEDURE MUST INITIAL YES.

_____ **MICROCHIP (\$77):** Includes the price of registering the chip with Home Again Microchipping. Provides peace of mind that if your pet is lost, they have a permanent, lifetime ID implanted in them. This uses a large needle, so we recommend doing it while under anesthesia.

FLEA FREE HOSPITAL

Please initial that you understand what is written below.

_____ We are a flea free hospital. If we see any fleas or evidence of fleas on the patient during surgery intake, or at any point during the surgery process we will administer a Capstar pill (\$10) to kill any existing fleas. We recommend flea preventative be purchased at time of pick up in these cases.

Acknowledgement and Consent of Surgical Risks

As the owner, or the 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.

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.

While I expect all procedures to be done to the best 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.

PLEASE READ CAREFULLY AND INITIAL:

_____ I acknowledge that my pet will be going home with an Elizabethan Collar (E-Collar) on them to protect my pet from damaging their incision(s). In addition to restricting my pet’s physical activity, this collar must remain on my pet for 10-14 days. I agree to closely monitor my pet closely to ensure they do 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 the 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.

PLEASE INITIAL AND CHOOSE ONE:

_____ I give the KKM Veterinary Clinic staff permission to complete any procedures deemed medically necessary to preserve the health of my animal, including CPR and other life saving measures. 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, including CPR and other life saving measures. 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 the future health of my pet.

Procedure to be performed: _____

Use these numbers in order when contacting the owner or agent of the owner. Please be available in case we need to get in touch with you.

1. _____

2. _____

Signature of Owner/Agent: _____