

Date: _____

Standard Consent Form (Canine/Feline)

Western Nevada Veterinary Services – Dr. Schyler Hiibel, Dr. Sarah Vining

- I am the owner or agent of _____ (pet name) and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s)/operation(s) _____

Initial _____

- As the agent/owner of the above described animal, I have received a preliminary estimate (verbal/written) of _____. I understand that unforeseen circumstances may occur and the cost of the procedure may exceed the estimate. At this point, the doctor or member of her staff will contact me to notify me of such adjustments to total cost. I agree to pay the total balance of the procedure mentioned above at the time of service unless otherwise arranged with Dr Hiibel. Initial _____

- I authorize the use of necessary sedation/anesthetics/medications and understand the risk involved with their use. I have also been advised as to the nature of the procedure(s)/operation(s) and the risks involved. I realize that results cannot be guaranteed. Initial _____

- In the event that my pet should require hospitalization or be left at the clinic overnight, I understand that Western Nevada Veterinary Services is not a 24-hour staffed facility and my pet will be left alone after hours. Initial _____

Highly recommended procedures, medications and testing:

- All procedures deemed painful by the doctor will automatically include pain medication at the time of the procedure and pain medication to be sent home post-operatively unless otherwise directed by the owner. Yes, send home pain medication _____ No, do NOT send home pain medication _____

- Pre-operative bloodwork is recommended prior to any procedure. These tests are useful in diagnosing liver or kidney disease, diabetes or other conditions that may complicate anesthesia. We do require
Yes, I would like pre-op bloodwork (Chem 6, CBC, Lytes--\$48.50) _____
Yes, I would like pre-op bloodwork (Chem 12, CBC, Lytes--\$62.12) _____
No, I decline pre-op bloodwork _____

- Heartworm testing (Dogs): The prevalence of Heartworm Disease (HWD) in Nevada is between 1-2% depending on the area that you live in. However, some areas of California are as high as 5-8%. We highly recommend testing for heartworm disease and giving your pet the monthly preventative medication. Yes, test my dog for HWD and send home the monthly preventative (\$18 +meds) _____
No, do NOT test my dog for HWD _____

- Microchipping your pet may help it be found in the event he/she may become lost. We use 911 Pet Chip. Yes, please microchip my pet (\$20.00) _____ No, do NOT microchip my pet _____

- If there is a growth to be removed, would you like the mass to be submitted to the pathologist for analysis and identification?
Yes, please send the mass in for review (\$168.48) _____
No, please do NOT send the mass in for review _____

I have read and understand this authorization and consent statement.

Signature of owner/agent _____ Date: _____

Primary contact number for today: _____ Secondary contact number: _____

Is your pet on any medications/supplements? When were they last given? _____

When was the last time your pet ate or drank? _____