

Today's Date: \_\_\_\_\_  
 Client's Name: \_\_\_\_\_  
 Client's Phone No: \_\_\_\_\_  
 Pet's Name: \_\_\_\_\_  
 Procedure Needed: \_\_\_\_\_



### Consent For Anesthesia/Surgery/Treatment for CCAC/FLAC/PAWS/TNR

I, the undersigned owner or authorized agent, certify that I am at least 18 years of age and legally able to make all medical decisions for the above named pet. I authorize the doctors of Quad-Cities Animal Hospital, LLC. to prescribe for, treat, anesthetize and/or perform surgery on the above named pet. Should any unexpected life-saving emergency care be required, Quad-Cities Animal Hospital has my permission to provide care, and I agree to pay charges for such care. I understand that anesthesia and surgery are procedures with inherent risks. I understand that I can discuss any concerns I have about those risks with the veterinarian(s) before procedures are initiated. I understand that if my pet is found to have fleas it will be treated, and I will be charged for its treatment. If my pet is not current on its rabies vaccination, I understand that it will be vaccinated at a cost of \$12. I also certify that my pet has not eaten in the past 12 hours and is not exhibiting any signs of illness.

\_\_\_\_\_  
 Signature of Owner/Authorized Agent

### Consent For Pre-Anesthetic Blood Work

Your pet is scheduled for anesthesia and/or surgery. A brief physical exam is performed on all patients before anesthesia is given. Some illnesses cannot be diagnosed with an exam alone, so we recommend preoperative bloodwork to diagnose underlying diseases that could interfere with anesthesia/surgery. Please indicate whether you would like preoperative bloodwork performed on your pet, and which profile you would like performed for your pet. A brief description of each profile is given below. These results will also serve as reference values for future illnesses.

Please INITIAL to indicate your choice:

\_\_\_\_\_ \$ 50.00 Profile 1- Basic Profile- Total protein (hydration), Creatinine and BUN (kidney), ALP and ALT (liver), GLU(blood sugar)

\_\_\_\_\_ \$ 95.00 Profile 2- Basic Profile + CBC (WBC indicates inflammation and infection, RBC indicates anemia)

\_\_\_\_\_ \$ 135.00 Profile 3- Basic Profile + CBC + PT/PTT (test a patient's ability to clot its blood during/after surgery)

\_\_\_\_\_ I DO NOT want bloodwork performed on my pet before anesthesia/surgery.

### Additional Services Offered

\_\_\_\_\_ \$25.00 IV Catheter Placement and fluids- We recommend an IV placed in all pets undergoing surgery to give quick venous access in the event of an emergency and fluids to help maintain normal blood pressure and blood volume.

\_\_\_\_\_ \$18.00 Injectable Pain Medication- This injection is given to your pet prior to surgery and will last for 24 hours to reduce inflammation and pain at the surgical site.

\_\_\_\_\_ \$ 15.00 Additional Pain Medication- Although spay/neuter procedures are performed routinely, it is still major surgery and can be a painful procedure. If you would like pain medication sent home, please initial.

\_\_\_\_\_ \$ 10.00 E-Collar- Pets will frequently lick and chew at their incision after surgery. We strongly recommend an E-Collar to prevent them from causing trauma to their incision while healing. If an E-collar is declined, QCAH will not be responsible for any damage the pet does to his/her incision.

\_\_\_\_\_ \$ 15.00 Fecal- This will test your pet to insure that it is free from any intestinal parasites.

\_\_\_\_\_ \$ 25.00 Heartworm test- Heartworms are life threatening parasites that can live in the lungs and heart of dogs and cats. If your pet is over 6 months of age and is not on prevention, we recommend that it be tested and started on prevention.

\_\_\_\_\_ \$ 35.00 FeLV/FIV- CATS only- Feline leukemia and FIV are untreatable potentially life-threatening viruses that suppress the immune system and can be transmitted to other cats through saliva and other bodily fluids.

Please indicate any additional treatment that your pet needs during this visit: \_\_\_\_\_

I, the owner/authorized agent certify that I have read and understand the anesthesia/surgery sheet and that all charges incurred will be due in full at the time of checkout.

\_\_\_\_\_  
 Signature of owner/authorized agent

\_\_\_\_\_  
 Signature of QCAH Employee