

SOUTHCENTRAL VETERINARY SERVICES



Dr. Eddy Grimes

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www.southcentralvet.com

Informed Consent

Date: _____

Pet's Name: _____

Owner: _____

Species: _____

Address: _____

Breed: _____

Phone Number: _____

Sex: _____

As the owner or agent of the owner of the above animal, I hereby give my consent to Southcentral Veterinary Services to perform the following procedure (s):

Canine Spay / Canine Neuter Canine Dental / Feline Dental

Feline Spay / Feline Neuter Feline Declaw Mass Removal

Other Requests While Under Anesthesia....

PRE-ANESTHETIC BLOOD WORK is recommended to minimize the risk of anesthesia by determining the body's ability to undergo and recover from anesthesia. It helps to determine the safety of medications and anesthetic agents used. It also aids in identifying any diseases not identified by the patient history or physical examination. The recommended tests include:

Complete Blood Count (CBC):

White Blood Cells: Evaluates the Immune system status and Identifies Infection and Inflammation not evident on the physical exam.

Red Blood Cells: Carry oxygen to the tissues and carbon dioxide to the lungs for removal. Proper numbers are vital to successful anesthesia and the cause of low numbers must be determined.

Platelets: Are part of the blood clotting system, adequate numbers must be present to prevent excessive bleeding, which can cause serious complications including death.

Chemistry Profile:

Chemistry tests provide vital information about the internal organ function that cannot be determined from a physical examination. These tests provide vital information regarding the function of the kidneys and liver, the body's ability to heal, blood pressure maintenance as well as blood sugar levels.

_____ ONLY INITIAL HERE IN YOU **DECLINE** THE RECOMMENDED PRE-ANESTHETIC BLOOD FOR PET AND REQUEST THAT SOUTHCENTRAL VETERINARY SERVICES PROCEED WITH ANESTHESIA.

MICROCHIPPING is recommended for every pet for safety and peace of mind for the life of your pet. There is a one-time fee of \$45.00 and your pet is registered with a National Database for life. IT is recommended to do the microchipping procedure while your pet is under anesthesia undergoing another procedure.

ONLY initial here if you **WANT** your pet to be microchipped. _____

I understand that during the performance of this procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance of the procedure(s) set forth above. I expect Southcentral Veterinary Services to use reasonable care and judgment in performing the procedure(s). The nature of the procedure(s) and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES, ANY ANIMAL NOT CURRENT ON THEIR RABIES VACCINE OR FOUND TO HAVE FLEAS OR TICKS WILL BE VACCINATED/TREATED AT THE OWNER'S EXPENSE.

Owner/Agent Signature: _____