

PEND OREILLE VETERINARY SERVICE

895 Koolenai Cutoff Rd Ponderay, ID

Anesthesia / Surgical Consent		
Client Name: Address line 1: Address line 2:	6/1/2020 Patient Name: Species: Breed: Sex:	
Phone Number:	Color:	Weight:
Our goal is your pet's care and comfort. To a and after their procedure, we offer the la		
PRE-ANESTHETIC DIAGNOSTIC OPTIONS A complete physical exam will be performed on identify all systemic or metabolic problems. To danesthetic diagnostics which include: • Pre-Anesthetic Blood Panels to determine f determining white and red blood cell counts the doctor will recommend a more in-depth function. • 2 X-rays to survey your pet's heart, lungs at changes in your pet. • EKG to detect any underlying heart abnorm Choose our pre-anesthetic diagnostic SAFETY you may choose individual items at full price. Pre-Anesthetic Safety Package \$245.70 ☐ or clip Blood Panel Options: Pre-Anesthetic \$85.40 ☐ GEKG (included in Safety Package) \$66.00 ☐ X-rays (included in Safety Package) \$127.40 ☐ Decline all recommended diagnostics: ☐	ensure the safety of your function and health of kins, glucose and electrolythelood panel to also test and/or abdomen. May also halties or dysfunction PACKAGE and receive thoose individual options	dneys and liver as well as e levels. In geriatric or at risk pets pancreatic function and/or thyroid so be used to determine arthritic a 20% discount for all three. Or
POST-OPERATIVE COMFORT OPTIONS We care about your pet's comfort after surgery. comfort options to aid in your pet's healing. Pair discomfort of surgery as well as helping in record Therapy, which is proven to help promote healing completion of the surgery. Pain Medication: Yes Tablets: Liquid: Laser Therapy: Yes No	n medication post-opera very and healing. We ar ng of tissues when aplie	ative gives your pet relief from the re also proud to offer Laser
MICROCHIP OPTIONS For the protection of our pets the insertion of a pet's anesthetic procedure.	microchip is recommend	ded but optional at the time of your

REGARDING PATIENTS STAYING OVERNIGHT IN THE HOSPITAL:

I authorize microchipping \$55.25 ☐ I do not authorize microchipping ☐

At Pend Oreille Veterinary Service we do occasionally keep surgery patients in the hospital overnight prior to, or after surgery. Every effort is made to make our environment as safe and comforting as possible for your pet. However, we do want clients to be informed that we are not staffed 24 hours/day. Your pet will be unattended overnight until the morning staff arrives. Based on availability, we can

sometimes arrange a technician to stay overnight with critical patients. For 24 hour monitoring we recommend transport to a fully staffed emergency clinic. There are emergency clinics in Coeur d'Alene, Post Falls and Spokane. Our doctors and staff are available to answer any questions you have regarding your pet's overnight care.

RECEIVING UPDATES REGARDING MY PET:

In the event the doctor has questions or concerns regarding your pet, they will call you on the number(s) listed below. If unable to reach you, the doctor will use their clinical judgement regarding your pet's care.

n regards to routine updates (such as completion of surgery or to confirm discharge time), would you like to be contacted via: Phone call only
Text and/or picture message to the number listed below
E-mail. E-mail address:
the undersigned owner or agent of the pet identified above, certify that I am over 18 years of age and uthorize the staff of Pend Oreille Veterinary Service to perform the above procedure(s). In signing this orm I am also giving Pend Oreille Veterinary Service permission to treat my pet as deemed necessary on the basis of the veterinarian's findings during the course of the examination and evaluation; understanding that there is no guarantee that treatment will be successful and Pend Oreille Veterinary dervice will not be held liable for any loss that may occur. I acknowledge that staff members at this ractice have explained the procedures to me, answered questions to my satisfaction and cannot be held esponsible for any unforeseeable results. Furthermore, I understand that I am financially responsible for II costs incurred during this surgery treatment and hospitalization. I also assume full responsibility for any dditional expenses incurred after the surgical procedure is performed, such as follow up radiographs, reheck physical exams and additional surgery due to post-op complications. These are more likely to ccur when there is a failure to comply with the aftercare instructions.
Signature of Owner: Date:
nesthetic and surgical procedure(s) to be performed: hone number(s) to reach you today: