

Owner: _____ Patient: _____

PLEASE READ AND FILL OUT THIS FORM COMPLETELY

I am the owner or agent for the above described animal and have the authority to execute this consent. The nature of such service has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure.

Pre-Operative Blood Screen: I understand that anesthesia carries some risk (*even though small*). Therefore, blood testing is recommended before general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning properly. Lab work helps us make this determination and results will serve as future references.

Pre-operative lab work (\$95.00)

I decline _____ Pre-Anesthesia Lab Work at this time.

For **feline** patients we also recommend testing for feline leukemia, FIV, and heartworms (\$67.00).

I decline _____ feline combo test at this time.

Pain Medication: All surgical patients receive pre-operative pain medication to keep them comfortable the day of surgery. We highly recommend purchasing a post-operative pain package. This is **optional** and is priced at (\$46.50 – \$58.50) depending on the weight of the patient.

I decline _____ the post-operative pain package at this time.

E-collars: We highly recommend ALL surgery patients go home with an e-collar to help protect the surgery site. I decline _____ an e-collar at this time.

Food Policy: We recommend bland food (i/d) to be fed following surgery to aid in recovery.

I decline _____ the food at this time.

Microchip: Permanent Nationwide Identification (\$45.50)

I decline _____ a microchip at this time.

VACCINATION POLICY: All canine patients must have proof of Rabies and Bordetella vaccinations and all feline patents must have proof of Rabies and FRCP or the animal will be vaccinated at owners' expense.

PARASITE POLICY: All animals entering the clinic with internal or external parasites will be treated at owner's expense. All new patients are required to have an intestinal parasite screen.

Payment: We ask for **PAYMENT IN FULL** at the time of your pet's release. We will accept Checks, Cash, Visa, Master Card, Discover, American Express and Care Credit

I consent that Brazoria Veterinary Clinic may take photographs of myself and/or my pet, and use such photographs with or without my name and/or my pet's name for any lawful purpose either digital or in print, such as social media accounts, publicity, and advertising. I decline _____

Signed _____ Date _____

Phone _____

I prefer to receive a: Call Text