

PATIENT	SPECIES	AGE	OWNER
SEX	BREED	ADDR	
COLOR	MARK		
ID	RABIES	CHIP	PHONE

Anesthetic and surgical procedures to be performed:

(Please indicate any additional treatments or procedures to be performed on your pet while in our care)

\_\_\_\_\_ Weight Today: \_\_\_\_\_

\_\_\_\_\_ Last Weight: \_\_\_\_\_

1. My pet is up to date on Core Vaccinations (dogs and cats) and bordetella (dogs only)

Yes

No (Core Vaccinations and Bordetella are required for hospitalization)

2. In effort to provide the best care available for your pet, we offer pre-anesthetic blood work to help insure your loved one will not have any adverse effects from the anesthetic. All animals will benefit from the blood work, and we require this for all surgeries to provide the best quality of care to your patient.

3. Pain management to include, but not limited to

Comprehensive: 24 hour pain injection after surgery, Companion Laser Therapy to reduce post-operative swelling and pain, and oral pain medication for your pet to go home.

4. In some cases where tissue is removed, examination of the tissue by a pathologist may be indicated.

Yes. Please submit tissue for histopathology.

No, I do not desire histopathology.

I, the undersigned owner or agent of the pet identified above, authorize the veterinarians at Valley Center Veterinary Clinic to perform the above procedures. I understand that some risks always exist with anesthesia and/or surgery, and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarians before the procedures are initiated

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that any prices quoted for such procedures are for non-complicated operations and that any unforeseen complications may result in further cost. I assume financial responsibility for all charges incurred to patient, and I consent to the release of medical information for the said animal.

I have read and fully understand the terms and conditions set forth above.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone numbers at which owner or agent can be reached today and/or tomorrow

I understand that if an after-hours post operative, or post hospitalized emergency occurs I will need to take my pet to the Emergency and Specialty Hospital of Wichita (316-262-5321) for evaluation.

\_\_\_\_\_  
Initial