

Consent Form for Sedation

Date: Patie	nt:	Client:			Client #:
Is pet fasted? No O Yes C)				
Is pet on any medications? No	O Yes	O (Name/Dose/Last given)			
Any signs of illness? No O Y	es O —	_			
Procedure to be performed un Examination \$98.50	<u>nder sed</u> O	ation Biopsy \$	0		
X-ray \$172.50 (price may vary	0	Shave Down \$79.50	0		
Ultrasound \$209.50	0		0		
Growth Removal	0	Would you like the growth sent for	analysis?	No O	Yes O (additional fees apply)
Location of lump(s): Other procedure:					

Intravenous Fluids may be administered during anesthesia to help maintain blood pressure, increase circulation and help your pet recover more quickly.

Additional Options (Check accept or decline)	Cost	Accept	Decline	
Presurgical blood test for pets under 7 years: Checks for proper organ functions, oxygen	\$86.50	0	0	
carrying ability of blood, ability to fight infection, platelets for proper clotting and to				
establish a baseline for future reference.				
Presurgical blood test for pets 7 years and older: Same as the presurgical blood test	\$121.50	0	0	
above but includes more extensive testing.				
Pain Management: A liquid medication given once daily for 3 days to help reduce pain and	\$28.14	0	0	
inflammation.				
Microchip: A small chip used for identification throughout North America. It is implanted	\$49.00	0	0	
beneath the skin between your pet's shoulder blades.		-	-	
Elizabethan Collar: Prevents licking or chewing of the incision area.	\$8.00-42.00	0	0	
Medical Shirt: Prevents licking or chewing of the incision area.	\$37.00-41.00	0	0	
Pedicure: Nails are clipped while your pet is under sedation.	\$0.00-20.50	0	0	
**Cost will vary depending on the level of sedation the pet is under.	\$0.00-20.30	0	0	
Vaccinations: Our clinic recommends all pets have up to date vaccines. This helps prevent the	a sprand of infac	tions disor		
Core vaccines: \$98.75-123.50 I authorize vaccines O My pet is vaccinated O I decline vaccines at this time C				

- 1. I authorize and direct the Veterinarians of the Victoria Veterinary Clinic to perform the services indicated above and/or do any other therapeutic procedures that in their judgment may dictate to be advisable for my pet's well-being. The risks and nature of the procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure.
- 2. I hereby authorize and direct the Victoria Veterinary Clinic to provide such additional services for my pet as they deem reasonable and necessary, including, but not limited to the administration of anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.
- 3. Fees must be paid before my pet leaves the clinic.

I may be reached at the following number(s) _____

Print name_____