

PARVIN ANIMAL CLINIC (PAC)
NON-ELECTIVE/Emergency/Anesthesia/Surgery/Treatment Consent Form

Your Name _____

Pet's Name _____

How would you like to receive notification when your pet's surgery is completed? Please check one:

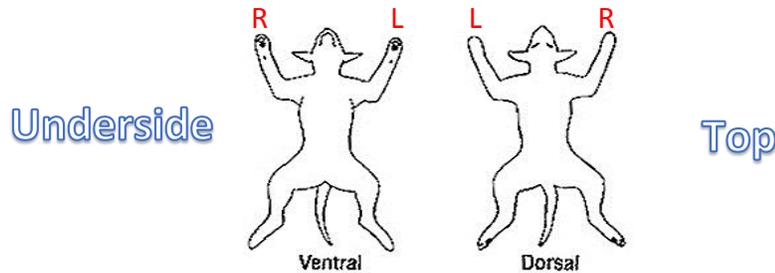
Text Message # _____

Phone # _____

Alternate # _____

Procedure to be done today (in your words): _____

Please mark location of lump(s) to be removed with an X



Please list all medications given in the last 72 hours. This includes prescription and over the counter medications _____

It may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of your pet. Failure to be reached on the day of the procedure may result in postponement of the surgery/treatment. Please **INITIAL ONE** OPTION that will allow us to handle your pets' decisions in his/her best interest (i.e., tooth extraction, IV fluids, additional pain medication, etc.) if needed.

Please **INITIAL ONE** option below

YES, do whatever my pet needs, no matter the cost: _____

OR

I will be available, please call me before ANY additional procedures: _____

OR

NO, only do what we have scheduled and discussed no matter what: _____

Cerenia injections – We recommend each pet receive Cerenia, which helps alleviate the common anesthetic side effects of nausea and vomiting. This 24 hour lasting injection costs approximately \$30 for a dog/cat that weighs 10 lbs, \$42 for 50 lbs and \$53 for 85 lbs. Please **INITIAL** your choice below.

_____ Yes, please administer Cerenia

_____ No, DO NOT administer Cerenia

MICROCHIP: IF your pet has not been microchipped, now is the time to do so. We offer a 10% discount off of microchips when they are implanted while under anesthesia. This permanent chip is registered with the information you provide when registering online.

Please **INITIAL one:** _____ Yes, microchip my pet _____ No, DO NOT microchip my pet _____ Already Microchipped

I certify that I am the owner and responsible party for the above named animal, and that having understood the risks involved, including death, have the authority to grant you my consent to receive, prescribe for, treat, induce anesthesia, and/or operate on my pet. All charges, including boarding costs(if necessary), shall be paid upon release of my pet from PAC.

After **carefully** reading the above, I have signed in agreement.

Signature

Date