## **Animal Care Clinic of Rural Hall**

## **Surgical & Dental Consent Form**

	give permission to the Animal Care of Rural Hall for my pet (name)to receive the ving treatment(s) or procedure(s):
0 0 0 0	Ovariohysterectomy (Spay) **If your pet is in heat or pregnant, there will be an additional charge Castration (Neuter) Feline Declaw Front Feet Only Tumor / Growth Removal Dental Scaling and Polishing Consent for Dental Extractions if needed Other
to en	ler to safeguard the health of your pet by evaluating kidney and liver function sure that he/she is an appropriate candidate for sedation / anesthesia, our ice recommends performing a pre-anesthetic blood screening
0	Yes, I wish to have a pre-anesthetic blood screen No, I DO NOT wish to have a pre-anesthetic blood screen
	ighly recommend all pets have an IV catheter and fluids during surgery to tain blood pressure and reduce the risk of complications
0	Yes, I wish for my pet to have an IV catheter and fluids during surgery No, I DO NOT wish for my pet to have an IV catheter and fluids during surgery
Would	d you like your pet to receive any of these other services?
	Take home Pain medication E-Collar (recommended for all surgical procedures) Histopathology to Test Tissue from Tumor / Growth Post-Op nausea injection if needed Nail Trim Microchip Express Anal Glands Ear Cleaning Fecal Update Vaccinations -Please List: Heartworm Test Elisa Feline Leukemia / FIV / Heartworm Test Other
descr	e been informed of the inherent risks and possible outcomes of the above ribed treatment(s) or procedure(s) and hereby give my informed consent.
	gree that if it is a time sensitive issue, the Veterinarian can act in the best interest of my pet.
Do	ate:Signature: