

Wake Forest Animal Hospital

Surgery Consent Form

Client Name: _____ Patient Name: _____

Please review the following information regarding additional services available for your pet, :

*Pre-anesthetic Bloodwork

Panel I: Chem 10, electrolytes, cbc (\$98.00) **Accept** _____ **Decline** _____

Chem 10 checks kidney and liver enzymes, glucose and proteins.

Electrolytes: sodium, potassium and chloride

CBC checks red blood cells for anemia, dehydration, platelets for potential clotting problems and checks number and types of white blood cells to help detect infection, inflammation and some types of cancer.

*This panel is ideal for pets of all ages to establish a baseline and to help detect abnormalities early before they become a major problem.

Panel II: All of Panel I + 7 additional parameters. (\$110.00) **Accept** _____ **Decline** _____

Those include cholesterol, calcium, phosphorus, bilirubin, amylase and lipase.

*This panel is highly recommended for middle age and older pets, those with known health issues or who have not been feeling well and pets that are on medications.

*Intravenous catheterization (\$65.00)

Allows intravenous access if fluid therapy or emergency medications are warranted.

ACCEPT _____

DECLINE _____

*ResQ Microchip (\$55.00)

Identification chip placed under your pet's skin. This helps to ensure proper identification and return of your pet should he/she become lost or stolen.

ACCEPT _____

DECLINE _____

*Post Surgery Therapeutic Laser treatment (\$40.00)

Reduces inflammation and speeds healing.

ACCEPT _____

DECLINE _____

I, _____ have read the above information and request that the services above be performed as selected for the following pet.

Signature: _____ Date: _____

Please list the number(s) that we can BEST reach you at today:

Name

Number

Payment in full is expected at time of discharge. Please contact the Hospital Administrator **prior to your pet's surgery** if you have any questions.