

**Mineral Wells Veterinary Clinic, PLLC**  
**Leslie R. Elliott, DVM/ Christine B. Felker, DVM/ Dr. Jenna L. Palmer, DVM**  
**1631 Elizabeth Pike**  
**Mineral Wells, WV 26150**  
**(304) 489-2799**

**SURGERY CONSENT FORM**

Date: \_\_\_\_\_  
 Client: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Pet's Name: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

I am the owner/authorized agent of the pet described above and have the authority to execute this consent. I authorize the above-named veterinarian(s) and staff to perform the following anesthetic and surgical procedures:

\_\_\_\_\_

I understand the risks to anesthesia that could involve serious bodily injury or death and those risks are present in any procedure that requires anesthetic. I consent to the use of anesthesia.

I understand that during the course of the procedures, unforeseen conditions may arise that may need the performance of additional procedures. I consent to the performance, if necessary.

If your pet arrives here for a surgery and fleas and/or ticks are seen and noted, we will apply a treatment (K-9 Advantix or similar) on them. Cost of this service is approximately \$15 - \$20.

Our veterinarians recommend bloodwork before anesthesia to ensure that your pet is healthy enough for surgery. The results of these tests may serve as a baseline value for the future, should your pet become ill. Please refer to the chart below to determine which test applies for your pet.

<b>Basic Bloodwork Screening</b>	<b>Comprehensive Bloodwork Screening</b>	<b>Senior Bloodwork Screening</b>
Includes: *Complete Blood Count (assesses anemia, infection, clotting) *BUN/CREA (kidney) *ALKP/ALT (liver) *Glucose (sugar) *TP (hydration) *ALB (protein)	Includes all tests in the Basic Bloodwork Screening, plus: *Calcium (certain cancers) *Cholesterol *Phosphorus (kidney) *TBIL (liver) *GGT (gall bladder)	Includes all tests in the Comprehensive Screening, plus: *T4 (thyroid function) *U/A (urinalysis)

While I accept that all procedures will be performed to the best of the abilities of the staff at the clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment via cash, credit card, or check. I have read fully and understand the terms and conditions set forth above.

\_\_\_\_\_  
 Signature of Owner/Agent \_\_\_\_\_  
Date

<b>Assistant's Checklist</b>		
*Carrier / Leash- Yes/No	*Ate Breakfast-Yes/No	*Pet feeling ok last 2 days-Yes/No
*Microchip-Yes/No	*Pre-Anesthesia Labwork-Yes/No	*Hwt(dogs)/Felv/Fiv(cats)-Yes/No
*Current Medications-Yes/No (If yes, name of) _____		
*In Heat/Pregnant/Last Heat Cycle _____		*Flea/HW preventative-Yes/No
*Number to call owner at around 11 am – 2 pm <input type="checkbox"/>		*Tech Initials: _____