Wallburg Animal Hospital	Surgery and Pain	Management Form for Elective Surgical Procedures
Pet's Name:	_Age:	_Owner:
		uestions, please make sure they are answered to your satisfaction
before signing the form. I authorize the Doctor(s)	_	
	-	erformed by a Licensed Veterinarian and I understand that hospital
	•	I understand all pets must be current with vaccines and free of
	ieas are present, tr	ne hospital may require treatment to prevent spreading
illness/parasites, at the owner's expense.	of your not in min	d. Our doctor(s) and staff take every precaution to prevent adverse
		am, monitoring of heart rate, respirations, and pulse oximetry. If
<u> </u>	• •	ill be treated with emergency medication at your expense. To
		screenings can be performed. Please check the level of screening
		rult to Level 1 to be performed on pets under 7 years old; and
		tion to move forward with surgical procedures, if concerns arise,
the doctor can refuse to perform surgical procedu		
LAB WORK IS DONE AT ADDITIONAL CHARGES. I	•	
		chemistry panel and CBC. (\$148.00) Strongly Recommended
This level is required on all pets 10 years of age a		
		chemistry. (\$113.00) default 7yrs and older
This level is required for all pets 7-10 years old.	. ,	, , , ,
Level 1: Presurgical brief physical exam (i	ncluded). default 7	yrs and younger
Level 0: Laboratory work has already bee	· -	
-Pain Management- All surgical procedures produ	ice some discomfo	rt and pain to the animal. Your pet will be given pain medication in
the hospital and sent home with medications. Thi		·
	= ::	patients have an IV catheter placed. This gives the Doctor emergenc
access to a blood vessel in the event of an anesth	etic emergency. M	ost routine procedures will not need one, unless an unforeseen crisi
occurs. We recommend electively placing a cather	ter but this will inc	rease the cost of the procedure. For this reason, we will allow you to
decline if you would like this done on elective pro	cedures and on pe	ts under 7 years of age.
All pets 7 years of age or older will be required to	o have the IV cathe	eter placement. The leg hair will have to be shaved for the catheter
be inserted and maintained. The additional cost for		-
		ical procedure or pet's age (7 years and older)
	our por une co ourg	, and proceeding of personage (r. years area eraes)
Optional and I elect to have a catheter pl	aced.	Optional and I decline the catheter placement.
** The surgery site will need to be shaved depen	ding on what proc	edure is performed.
		gery, adverse effects are possible. These include, but are not limited
		- •
•		dverse effects are more likely in animals that are in poor health, but
-	· · · · · · · · · · · · · · · · · · ·	s and bloodwork. By signing below, you release Wallburg Animal
Hospital and its employees from any liability of ac	lverse events beyo	nd our control. I have been informed that there are certain risks and
complications associated with any operation or pr	rocedure. They hav	e been explained to me as well. I further understand that during the
course of the operation/procedure, unforeseen co	onditions may arise	e. I have read and understand the statements above and by my
signature below, I agree to Wallburg Animal Hosp	· ·	
	•	des lifetime registration fee YES NO
Pet's Name:		
Phone numbers where you can be reached today	/:	
Payment in full is required at the time services are	e rendered. Please	indicate your method of payment today:
Cash Check Visa/Mastercard/Amer	ican Express/Disco	ver Care Credit
Owner's Signature:		Date:

I am the Owner or agent for this pet and I have the authority to execute this consent. I agree to all terms listed above.