



Tusawilla Animal Hospital

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Winter Springs, FL 32708

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Consent For Procedure

Owner's Name

Patient

Age

Date

Procedure: _____

_____ **Histopathology** (At additional cost) _____ I have elected to refuse recommended histopathology

_____ **IV Catheter and fluids** _____ I have elected to refuse recommended IV Catheter

Presurgical Blood Work: We recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney or liver disease, which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile.

Recommended for ALL HEALTHY PATIENTS UNDER 8 YEARS OF AGE

Includes: Complete Blood Count (assesses anemia, infection, clotting), Glucose (sugar levels, diabetes),
_____ ALT (indicates liver function). BUN (indicated kidney function) **\$48**

Recommended for PATIENTS OVER 8 YEARS OF AGE or with health problems

Includes: Complete Blood Count (assesses anemia, infection, clotting), Glucose (sugar levels, diabetes)
_____ ALT (indicates liver function), BUN (indicates kidney function) Phosphorus (kidney function)
Alkp (liver function), Albumin (protein levels) **\$72**

_____ Blood testing has been done within an adequate time span. **Date it was done** _____

_____ I have elected to **refuse** the recommended pre-anesthetic blood tests at this time and request that you proceed with the anesthesia. I assume full responsibility for this pet. I understand there are always potential risks when using anesthesia or performing surgery on an animal.

Laser Surgery: We are proud to offer laser surgery. Laser procedures reduce the trauma to your pet, improve healing, and may shorten time spent in the veterinary hospital.

Why use laser surgery?

- **Less Pain** – The laser seals nerve endings as it “cuts” so your pet may require less anesthesia during the operation, reducing the risk of complications. Pain after surgery is also significantly reduced. This is especially important with declaw procedures.
- **Less Bleeding:** The laser seals small blood vessels during surgery, making the routine procedures virtually “bloodless.”
- **Less Swelling:** Laser surgery does not crush, tear or bruise because there is no physical contact with the tissue.

Laser fees range from **\$75.00** for routine surgery to **\$120.00** for major surgery.

_____ **I elect to use laser surgery**

However, the traditional surgical methods are considered safe and humane and Tusawilla Animal Hospital will continue to offer them at lower cost alternative.

Microchip:

The Home Again Microchip is a rice-sized computer chip that is injected beneath the skin between the shoulder blades. Should your pet become lost, the microchip number is linked to your information provided and the hospital which implanted it.

_____ I elect to have the Homeagain Microchip implanted for \$62 (includes 1 year membership).

Please list any other services needed:

nail trim _____ ear cleaning _____ express anal glands _____ sanitary trim _____

Dental: Complete This Section for Dental Procedures Only

_____ I consent to teeth extractions the doctor feels are medically necessary and do not need to be called prior to any such extractions.

_____ I need to be called if the doctor feels any teeth need to be extracted so that I can choose if the tooth should be extracted or choose to have more extensive dental/restorative work done.

Note: *We Must be able to reach you during the procedure (normally between noon and 3pm) or we will proceed with what the doctor recommends.*

Fluoride Treatment:

_____ I consent to the recommended application of Fluoride which helps prevent tooth decay by making the tooth more resistant to acid attacks from plaque bacteria in the mouth (\$15.00).

Oravet is the first plaque prevention system. It significantly reduces plaque and tartar formation by creating an invisible barrier that helps prevent bacteria from attaching to your pet's teeth.

I elect to have the Oravet treatment done today which I will continue weekly treatments at home.

_____ The cost is \$58.00.

I understand and accept the nature of the procedure(s), the risks involved and the potential complication. I consent to the performance of additional operations or procedures arising from unforeseen conditions if the doctors consider it necessary to help my pet in the course of the surgical operation.

I agree to assume financial responsibility for all services rendered, medications and possible complications for medical or surgical care. I understand that I am to pay in full at the time my pet is discharged from the hospital.

Signature of Owner or Responsible Party

Date

Phone Number

_____ I would like to be contacted via TEXT for updates at: _____