

Gateway Animal Clinic
PO Box 802 Walnut Ridge, AR
(870) 886-6704

Owner: _____ Patient: _____ Date: _____

Please Read Carefully and Sign

Surgery type: _____

Today your pet is here for surgery. We strive to provide optimal service in a timely fashion. Overall patient health and comfort are our goals. Your decision to have this surgery performed shows your concern for your pet's health.

We always try to use the safest anesthetic for your pet. As with any procedure requiring general anesthesia there are always inherent and potential risks of complications. During the procedures or operations, unforeseen complications may arise that necessitate an extension or abandonment of the foregoing procedures or operations.

Our clinic has in house Blood Chemistry Profile capabilities that allow us to perform pre-anesthetic blood tests the morning before surgery. By performing a blood chemistry profile we can evaluate the function of your pet's internal organs, specifically the liver and kidneys since these organs are responsible for the processing of our anesthetic drugs. Performing the blood chemistry profile allows us to minimize the risks of anesthesia. If any significant alterations are identified by these tests, we can modify our anesthetic plan or postpone anesthesia altogether if necessary. We will call at the phone number you request should any alterations manifest.

We believe performing this blood chemistry profile is part of evaluating your pet's overall health. This is why we strongly recommend and encourage you to choose to have this test done. This is not mandatory. Should you have any questions or concerns please feel free to ask prior to signing this document.

_____ Yes, please perform the blood chemistry profile for \$50.00

_____ No, do not perform the additional pre-anesthetic tests

We offer post surgical pain control packages for:

_____ <20 = \$8 _____ 21-50 = \$10 _____ 51-100 = \$13 _____ >100 = \$16 _____ cat \$18

_____ Yes, I would like to purchase this package for my pet

_____ No, I decline this service

We offer Therapy Laser treatments. Therapy Lasers promote healing, decrease inflammation (ie pain and swelling), and increase post-operative comfort levels.

_____ Yes please laser my pet's surgical site for \$12.00

_____ No I am not interested at this time

I have read and understand this document. I give my consent to perform the procedures and/or operations mentioned above. I also give my consent for any additional procedures deemed necessary by the veterinarian's clinical and professional judgment. I realize there are potential risks involved during any anesthetic procedure and that a positive outcome cannot be guaranteed.

_____ **Owner Signature**

Number

_____ **Phone**