**Anesthesia/Surgery Consent Form**

**Red Rocks Animal Center**

**Client’s First & Last Name/Rescue Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Species (Dog/Cat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_ **Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender (Circle One): Male / Female Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**urgical Procedure Being Performed Today:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Estimate**: Low\_\_\_\_\_\_ High\_\_\_\_\_\_\_\_

**Have we seen this animal before? YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment in full or payment arrangements are due at the time of release** after the surgery is complete. Please ask about payment options prior to bringing your pet to RRAC for surgery.

**Optional Procedures & Services:**

\_\_\_\_ **Yes** \_\_\_\_ **No Pre-Surgical Blood Work**

This blood test is performed prior to surgery to evaluate the function of internal organs to rule out conditions which could result in complications during surgery.

For animals over 5 years of age, there is an additional charge of $195.00 for pre-surgical blood work

For animals under 5 years of age, there is an additional charge of $141.00 for pre-surgical blood work.

\_\_\_\_ **Yes** \_\_\_\_ **No Heartworm Test – Additional $56.00**

Recommended for dogs > 6 months to screen for heartworms. Heartworm & flea/tick *prevention* medication is available, price is dependent upon weight

\_\_\_\_ **Yes** \_\_\_\_ **No Flea/Tick Control – Additional $50.00-$60.00 – Pricing is based on the patient’s weight.**

\_\_\_\_ **Yes** \_\_\_\_ **No Anal Glands Expression – Additional $26.00 – while under anesthesia during surgery**

\_\_\_\_ **Yes** \_\_\_\_ **No Nail Trim – Additional $22.00 – while under anesthesia during surgery.**

\_\_\_\_ **Yes** \_\_\_\_ **No Recovery Collar – Additional $30.00**

 A recovery collar is required following all spays, neuters, & cherry eye procedures.

\_\_\_\_ **Yes** \_\_\_\_ **No Fecal Analysis – Additional $53.00**

 \_\_\_\_ **Yes** \_\_\_\_ **No Vaccinations** - **Additional $30.00 for DHLPP or FVRCP. $25.00 for Rabies or Bordetella**

Rabies \_\_\_\_\_ DHLPP (canine) \_\_\_\_\_ FVRCP (feline) \_\_\_\_\_ Bordetella \_\_\_\_\_

**Consent:**

**I am the owner or the authorized agent for the owner of the animal described above**, and I have the authority to execute this consent. I hereby give Red Rocks Animal Center (RRAC) and any authorized agents, staff, or representatives of this facility, my consent and authorize them to perform the described operations or procedures. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

**I understand that it is important that I provide a number that I can be reached within 10 minutes of the beginning of the surgical procedure**. I also understand that if RRAC encounters a situation that requires contacting me and I am unavailable RRAC will do whatever is in the best interest of my animal. I also understand that this may incur additional charges and I will be responsible of paying those charges. ***I further acknowledge that* *there is NOT an overnight or on-call Veterinarian between the hours of 7pm and 8am.***

**I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DO NOT WRITE BELOW THIS LINE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DR/TECH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T:\_\_\_\_\_\_\_\_\_\_\_P:\_\_\_\_\_\_\_\_\_\_\_R:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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