

## Surgical Consent Form

**CareVet<sup>®</sup>**  
**OF MIDDLETOWN**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Procedure: \_\_\_\_\_

Surgeon: \_\_\_\_\_

I understand that the following procedure(s) will require my pet to undergo general anesthesia. I acknowledge that, as with any anesthetic or surgical procedure, there are inherent risks, including the rare possibility of injury or death. I have been encouraged to discuss any concerns regarding these risks with my veterinarian prior to the procedure. I also understand that there are additional options available to help minimize surgical risks and enhance my pet's comfort during both the procedure and recovery.

### Additional Services

All patients will receive nail trims while under sedation/general anesthesia.

If you would like additional services, please check the box and initial:

- ☐ Initials: \_\_\_\_\_ **Pre-Anesthetic Blood Work (\$115)** Assesses organ function and detects underlying conditions—such as diabetes, infection, anemia, or liver and kidney issues—that may increase anesthesia risks and affect recovery.
- ☐ Initials: \_\_\_\_\_ **Laser Surgery: Spay & Neuter add-on (\$76)** Helps reduce surgical bleeding, shortens healing time, lessens post-op pain, and lowers infection risk. May be required based on your pet's specific surgical needs.
- ☐ Initials: \_\_\_\_\_ **Therapy Laser (\$22)** Therapy laser is a painless procedure that helps stimulate tissue regeneration and promotes cell growth. This will result in decreased healing time, decreased pain during recovery, and decreased risk of infection following surgery. (If included in your estimate, please verify consent)
- ☐ Initials: \_\_\_\_\_ **Microchip (\$88.94)** Includes registration with HomeAgain Microchipping and provides a permanent, lifetime ID to help recover your pet if lost. Because it requires a large needle, we recommend placement while your pet is under anesthesia.

### Flea-Free Hospital Consent

- ☐ **Flea-Free Policy Consent** – I understand that this is a flea-free hospital. If fleas or evidence of fleas are found on my pet during surgery intake or at any point during their stay, a Capstar tablet (\$10) will be given to eliminate active fleas. I acknowledge this policy and understand that a flea preventative is recommended at pick-up to help prevent future infestations.

### Acknowledgement of Risks

As the owner or authorized agent, I consent to CareVet of Middletown performing the recommended surgery and/or treatments for my pet. I understand that unforeseen conditions may arise during the procedure, requiring adjustments in my pet's treatment plan, which I authorize the veterinarian to make in the best interest of my pet.

Pain management will be provided following surgery, and I accept financial responsibility for all related costs. Canine patients will receive a complimentary nail trim under anesthesia, and feline patients may receive one upon request.

I understand that no guarantee can be made regarding the results, and I am responsible for all fees, due at the time of service.

By signing below, I confirm that I have had the opportunity to ask questions about the procedure, recovery, and potential complications, and that I have reviewed the estimate of services provided.

☐ By checking this box, I confirm I have reviewed the updated estimate for my pet's procedure with a member of the surgical team.

### Additional Acknowledgements

☐ I acknowledge that my pet will be sent home with an Elizabethan Collar (E-Collar) to protect their incision(s). I understand that the collar must remain on for 10-14 days and that I am responsible for monitoring my pet to prevent damage to the incision. I accept that failure to follow instructions may result in self-inflicted injuries, and CareVet of Middletown is not responsible for any related costs.

### CPR/DNR Consent

CPR/DNR Consent – I understand that in the event of a medical emergency, my pet may require CPR or other life-saving measures. I acknowledge that I must provide consent for these procedures or choose a Do Not Resuscitate (DNR) option.

Please indicate your preference below:

☐ I consent to CPR and life-saving measures if needed.

☐ I request a Do Not Resuscitate (DNR) order for my pet.

### Emergency Contact Information

Primary Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Signatures & Final Consent

Owner/Agent: \_\_\_\_\_

Date: \_\_\_\_\_