



Pre-Surgical Consent Form

I confirm that I (client to print first and last name) am the legal owner or appointed guardian of this pet (client to print name) and am legally authorized to give consent/ make medical decisions for the pet presented today.

As the owner or appointed caregiver of this pet I understand that by signing this estimate I agree to pay all charges +/- 15% of the fees as shown on this estimate and will pay the balance in full prior to my pet being discharged from the clinic. The estimated costs have been fully explained to me to my satisfaction.

Signature _____ Date _____

Please indicate the last time your pet was fed: _____

Current **medications** pet is receiving and **time** last given:

Sedation/ Anesthesia & General Surgical Consent

I hereby authorize Mills Veterinary Services to use sedation/general anesthesia on my pet for the purpose of performing the treatment/ surgery listed on the estimate. I understand that sedation/ anesthesia potentially poses a risk to my pet's health status due to variations in individual responses to the medications used. In the event of unforeseen complications, I give permission for the veterinary team to use reasonable measures in stabilizing my pet and accept all charges that are incurred as a result (specific preference indicated below). An estimate for emergency stabilization can be provided on request. The anesthesia, procedure and risks have been fully explained to me to my satisfaction.

Signature _____ Date _____

Mills Veterinary Services - 4285 MacDonald Road, Armstrong BC V0E 1B5
Ph: (250) 546 8860 – Fx: (250) 546 8867 - Em: office@millsvet.com





In the event of a severe complication the veterinary team will immediately attempt to contact the owner. Please indicate your wishes and acceptance of cost for the initial emergent response your pet receives prior to phone contact being established (*please initial*)

- I give permission for **CPR** to be instituted immediately _____
- I **DO NOT wish for CPR** to be performed _____

With either option you will be called (as soon as possible) to discuss ongoing treatment and/or further diagnostics before they are performed.

Contact Info + Emergency contact.

It is **VERY** important that the veterinarian can immediately reach you or your appointed caregiver throughout the time your pet is in our care. Please make sure to read and fill out the information requested below in full.

Please print your name or the name(s) of the any other person or person(s) to contact regarding decisions about your pet's care.

Please print the phone number(s) to contact regarding your pet

Pre-Anesthetic Bloodwork

Pre-anesthetic bloodwork allows your veterinarian to make informed decisions on what sedation/ anesthetic medication choices are safest for your pet and is recommended prior to surgery. If normal it also provides a healthy normal baseline to compare to if your pet is ever sick in the future.

PLEASE EITHER SIGN THE DECLINE LINE OR CHOOSE AN OPTION BELOW THAT

Decline pre-anesthetic blood work, I acknowledge that I have been informed of and accept associated risks.

Signature _____ Date _____

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Bloodwork has been done at this clinic within the last 6 months _____

(Pre-anesthetic blood work within the last year may be required for patients over 7 years of age)

Comprehensive blood panel (recommended in pets over age 7) (**160.00 + tax**) _____

Pre-anesthetic screening panel (sufficient in pets under age 7) (**\$120.00 + tax**) _____

Nail trim Consent *(please initial, free of charge when under sedation or general anesthesia)*

YES _____ I would like a nail trim completed today.

NO _____ I would **not** like a nail trim to be completed today.

Do you have any other concerns or other procedures (vaccines, lumps, hind dewclaws ect) that you would like the doctor to address or preform today while your pet is under sedation/anesthesia?

Photo Consent

Staff occasionally take photos of pets in clinic during their stay with us, and these photos may be used in clinic social media posts. If you would prefer that **NO** photos be taken of your pet, please initial here.

NO Photos to be taken of my pet _____

Aventi GI Essentials Powder

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Aventi GI Essentials provides a synbiotic action of prebiotics and probiotics to help support a healthy intestinal microbiome and improve stool quality.

Probiotics: Known to help improve stool quality

Prebiotics: Known to help inhibit the development of undesirable bacteria and favours the growth of the beneficial ones

Yeast: Known to decrease bacterial adhesion to the mucosae, promote immune responsiveness and improve gastrointestinal health.

Direction For Use:

For dogs and cats of all sizes, 1 sachet (2g) daily sprinkled over food.

The quantity can be divided into twice daily doses (morning and evening).

It can be helpful with recovery to add this for 7 days after surgery. Your cost for this would be \$12.25

Yes please send me home with Aventi GI _____

No thank you _____

POST SURGICAL THERAPUTIC LASER TREATMENTS (reduced price post-surgical)

Modifies pain and increases the speed of healing. **Please initial an option if** you would like to include this with today's procedure.

Single treatment the day of surgery (\$42.14 + GST) _____

Package of 4 treatments -one on the day of the procedure in recovery and then 3 more treatments every 2-3 days afterwards (\$140.44 + GST) _____

(Neuters only)

Prevention of Licking/ Scratching Options

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Your pet has been in for a surgical procedure that requires prevention of licking and scratching to prevent infection and/ or suture failure. A cone or a medical shirt can be sent home to aid in this prevention, **please indicate your preference below.**

- Please be aware that the prevention aid of choice must always be kept on your pet for at least 7-10 days to properly prevent self-inflicted damage, and other pets must also be monitored to ensure they are not disrupting the surgical site. If infection or suture failure occurs due to this, a recheck and/ or repair surgery may be required, and this will be performed at the cost of the owner.
- **Cone (\$11-\$34) _____ Medical Shirt (\$35-\$42) _____** (not suitable for cat neuters)

Declination of Recommendation

- **I DO NOT wish to utilize prevention of licking aids for my pet today.** By signing below, I am aware that I am acting against the recommendations of my veterinary team and am aware that any complications that may arise from this choice are my financial responsibility. **Signature** _____ **Date** _____

Microchip *(Please initial, \$62.00 +tax to have implanted today; includes registration and account)*

YES _____ I would like a microchip implanted today

NO _____ I do not want a microchip implanted today

(Spays Only)

Prevention of Licking/ Scratching Options

Your pet has been in for a surgical procedure that requires prevention of licking and scratching to prevent infection and/ or suture failure. A cone or a medical shirt can be sent home to aid in this prevention, **please indicate your preference below.**





- Please be aware that the prevention aid of choice must always be kept on your pet for at least 7-10 days to properly prevent self-inflicted damage, and other pets must also be monitored to ensure they are not disrupting the surgical site. If infection or suture failure occurs due to this, a recheck and/ or repair surgery may be required, and this will be performed at the cost of the owner.
- Cone (\$11-\$34) _____ Medical Shirt (\$35-\$42) _____

Declination of Recommendation

- **I DO NOT wish to utilize prevention of licking aids for my pet today.** By signing below, I am aware that I am acting against the recommendations of my veterinary team and am aware that any complications that may arise from this choice are my financial responsibility. **Signature** _____ **Date** _____

Microchip *(Please initial, \$62.00 +tax to have implanted today; includes registration and account)*

YES _____ I would like a microchip implanted today

NO _____ I do not want a microchip implanted today

In heat/ pregnant/ mature/ obese spays

When was your pet's last heat? _____

If your dog is visibly in heat when presented for a spay, **the procedure will be rescheduled** to decrease intra-operative risks.

Please be aware that if your pet is found to be mature (increased uterine fragility) or to have excessive internal abdominal fat during surgery, there may be an additional fee to cover the extra anesthetic and time required for the procedure scheduled today.





- Please indicate **YES** ____ I wish to have my pet spayed and agree to pay all costs associated with one of the above scenarios
- **If you pet is found to be pregnant at time of spay, please indicate:**
- **YES** ____ I wish to proceed with the procedure and agree to pay all costs associated
- **NO** ____ I do not wish to proceed with the procedure (charges may still apply if the pregnancy is not discovered before the anesthetic or surgery has been initiated)

(Dentals Only)

Dental Extractions

Once the dental cleaning, X-rays, and oral exam has been completed the veterinarian will call you on the above number to discuss any tooth extractions and/or procedures that are necessary. At this point your pet will be under general anesthesia so waiting for you to return the call is not always an option. Please do still return the call as soon as possible as the doctor may have questions to ask of you.

If you are **unable to answer the phone** and the veterinarian does not reach you:

Proceed with the necessary tooth extractions. I consent to surgical extraction(s) and the costs associated with the procedure(s). _____ Signature _____

Wake my pet from the anesthetic and any extractions and/or procedures can be done at a future date once I have spoken and discussed it with the veterinarian. _____ Signature _____

(Mass Removal Only)

Prevention of Licking/ Scratching Options

Your pet has been in for a surgical procedure that requires prevention of licking and scratching to prevent infection and/ or suture failure. A cone or a medical shirt can be sent home to aid in this prevention, **please indicate your preference below.**





- Please be aware that the prevention aid of choice must always be kept on your pet for at least 7-10 days to properly prevent self-inflicted damage, and other pets must also be monitored to ensure they are not disrupting the surgical site. If infection or suture failure occurs due to this, a recheck and/ or repair surgery may be required, and this will be performed at the cost of the owner.
- **Cone (\$11-\$34) _____ Medical Shirt (\$35-\$42) _____** (If the surgical area will be covered)

Declination of Recommendation

- **I DO NOT wish to utilize prevention of licking aids for my pet today.** By signing below, I am aware that I am acting against the recommendations of my veterinary team and am aware that any complications that may arise from this choice are my financial responsibility. **Signature** _____ **Date** _____

Histology (\$300.51 plus + \$15.00)

Would you like the mass that is being removed today sent out to be analyzed?

Yes _____ No _____

