

GROWTH REMOVAL CONSENT FORM

Date:

Pet's Name:

Breed:

Client's Name:

Today's Phone Number: ()

As the owner or agent of the owner of _____, I hereby give my consent to Lineberger Veterinary Hospital to perform the following procedures:

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Lineberger Veterinary Hospital to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and risks have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from my obligation to all reasonable costs incurred regarding the animal.

_____ Signature of the owner or agent

Please list any medications not prescribed by Lineberger Veterinary Hospital that your pet is currently taking, including over the counter medications, such as aspirin, vitamins, etc. _____

**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS & FREE OF PARASITES.
IF VACCINATIONS ARE NOT CURRENT, WE WILL PERFORM THEM AT THE OWNER'S EXPENSE.**

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine preanesthetic examinations. To avoid these problems, we recommend that all of these cases be screened prior to anesthesia by means of the following laboratory tests. These tests will be performed (and you will be billed for them) unless you refuse them.

Initial if accepted

- | | | |
|-----------|--|---------------|
| _____ a.) | Heartworm Tests (for <u>dogs</u> not currently on preventative) | Cost: \$30.00 |
| _____ b.) | Feline Leukemia/FIV/Heartworm Test (for <u>cats</u> only) | Cost: \$42.00 |
| _____ c.) | Pre-anesthetic panel: | Cost: \$63.00 |
| | Includes: BUN (kidney) ALKP (liver) | |
| | Glucose (blood sugar) Total Protein (hydration) | |
| | ALT (liver) Creatinine (kidney) | |
| | CBC (complete blood count) | |

() Please complete the bloodwork you recommended prior to surgery on my pet. If abnormalities are found please contact me at this number.

Signature: _____ Phone: _____

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

Signature: _____

CONSENT FOR GROWTH/STONE ANALYSIS

() I am giving Lineberger Veterinary Hospital permission to remove my pet's growth/stone and also have it sent to the lab for analysis. I realize that this is the only procedure to find out for sure what the growth is comprised of. **The additional cost of this procedure is \$210.00 - \$210.00.**

Signature: _____

() I am giving Lineberger Veterinary Hospital permission to remove my pet's growth/stone, but NOT to send it to the lab for analysis.

Signature: _____

ELIZABETHAN COLLAR: At times pets may lick, chew, or scratch their sutures and/or staples. This can damage the suture site resulting in infection or worse. If your pet needs to come back for a recheck exam by the Doctor and/or antibiotics are necessary this cost is in addition to the surgery price. In the event that your pet needs to be fitted with an Elizabethan Collar there will be an additional charge ranging from \$10.00 - \$15.00.

Please initial stating that you have read this consent form in its entirety and grant permission to post my pet'(s) picture and my pet'(s) first name on social media : _____