

FOX VALLEY VETERINARY SERVICE

231 South Millgate Drive, Burlington, WI 53105 Phone: 262-534-6000 Fax: 262-534-4919

Surgery Consent

PLEASE FILL OUT BOTH SIDES AND BRING BACK ON THE DAY OF THE SURGERY/PROCEDURE.

Surgery Consent

Pet Owner's Name:		Date:		
Please bring	in at	in at for check in.		
will require sedation/general of anesthesia and in perform clinic and staff will not be a complications during the su prevent the injury or death	al anesthesia. I under ning a surgical proce neld liable for any pro- rgical procedure, pro- of this animal. I, bein the anesthesia that is	stand that there is alwardure. I fully understate oblems arising from the oviding all reasonable ng responsible for the	surgery/procedure, which rays some risk involved in the use and that I assume all risks and the he use of anesthesia or precautions have been taken to animal described above hereby by the veterinarian for the	
means no food afte access to clean, fres • PLEASE WALK evening prior, they to a serious serious and the serious serious and the serious serious serious and the serious serious serious and the serious seriou	r 6:00 P.M. the even h water. all dogs prior to commay still have to relied REQUIRED TO FOR AGE AND OVER 15.00 P.M. AGE AND OV	ing prior to the proceduing into the clinic. Exercise themselves. HAVE PROOF OF COMER MUST HAVE A	your animal should be fasting. This dure. Your pet should always have yen though they did not eat the CURRENT VACCINATIONS.	
HEARTWORM TEST.	Heartworm	/Lyme lest: \$81.05		
WORK:	hone Number(s)	_		
All charges shall be paid in appointment within 48 ho \$80.00 service charge to y	urs prior to your sc	cheduled surgery che		
Signature		D	ate	
How would you like us to r □Text Message sent to (□Phone Call to ())	=	thesia?	

Recommended Optional Services

PLEASE CIRCLE: APPROVE OR DECLINE AND INITIAL EACH OPTION

FLUORIDE TREATMENT for your pet's	MICROCHIP		
teeth. The purpose of a fluoride treatment is to	If you microchip your pet they will have a		
strengthen the enamel which will increase the	permanent form of identification. This includes registration.		
resistance to decay. Fluoride will decrease tooth			
sensitivity and decrease the rate of plaque	Cost: \$60.35		
reformation. Your pet must be at least six			
months of age to have this procedure done.	Approve or Decline Initial:		
Cost: \$23.50			
Approve or Decline Initial:	LASER THERAPY		
	Choose cold laser therapy post-surgical to		
	decrease pain and inflammation and speed healing		
Should any unforeseen procedures be necessary	and recovery. Recommended treatment times		
and desirable in the veterinarian's professional	of 1-3 treatments post-surgery at \$15.35 each.		
judgment:	Please ask us for your pet's recommendation.		
(Please choose one of the following)			
□ Perform whatever procedures are needed.	Approve or Decline Initial:		
This may include: pulling teeth, radiographs, or			
a different anesthesia.			
☐ I prefer to be called before any additional	FLEAS		
procedures other than emergencies. If I	After examination, if fleas are found upon your		
can't be reached, I authorize you to proceed	pet we will treat with an oral medication to kill		
with all necessary procedures.	the current adult fleas and follow up with a dose		
☐ If I cannot be reached by phone, I do not	of flea/tick preventative to treat your pet.		
authorize any unforeseen procedures to be			
performed.	Initial:		
Initial:			
	FOR OUR DECLAW PATIENTS: Litter		
	For one week after your pet's declaw, you		
	need to use a special litter. You may either		
	shred newspaper or you may use a processed		
	paper litter. We carry Fresh News Cat		
	Litter. Cost \$21.10		
	Approve or Decline Initial:		