

Surgical Consent Form

Laursen Veterinary Service

Stacey L. Laursen, DVM

5885 W. Darbee Rd. Fairgrove, MI 48733

(989) 693-6201

Date _____ Pet's Name _____

Owner _____ Today's Phone Number _____
CRPF foster _____ Voucher _____ Post Surgery Call/Txt _____

As the owner or authorized agent of the owner of the above animal, I give my consent to Laursen Veterinary Service to perform the following procedures:

1. _____
2. _____
3. _____
4. _____
5. _____

According to our records, your pet is due for the following vaccines: _____

Laboratory Tests

Pre-surgical Profile (\$95.00) _____

Additional Testing:

CBC (RBC, WBC, platelets, etc)
Chemistry 10 (liver, kidney, glucose, etc)
Electrolyte 4 (Na, Cl, K)
SDMA (early kidney disease)

Feline Leukemia Test (\$37) _____
Canine Heartworm Test (\$36.00) _____

- Do you need any Flea/tick or Heartworm prevention for your pet? _____ (price varies)
- Would you like an E-collar for your pet following surgery? _____ (\$12-\$21)
- Do you want your pet to be microchipped today? _____ (\$50.50)
- Do you want us to update your pet's vaccinations while they are here? _____

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that require an extension or variance in the outline set forth above. I expect Laursen Veterinary Service to use reasonable care and judgment in performing the procedure(s). The nature of the procedure(s) and their risks have been explained to me and I realize results cannot be guaranteed.

I am aware that I am financially responsible for all costs associated with this animal.

Signature of Owner/Agent: _____ Technician: _____