



Trousdale County Veterinary Clinic

Surgical Treatment Consent

Date: _____ Animal's Name: _____

Owner's Name: _____

Home Phone: _____ Cell Phone: _____

The surgery or treatment authorized is: _____

Prices are subject to change, please check with staff.

Pre-Surgical Blood Screening \$50.00

Prior to surgery we highly recommend a pre-surgical blood screening. This will help us determine the safety level of your pet's ability to tolerate the anesthesia and/or surgical procedure. *Recommended for all patients; but **especially** for older pets.

CHECK ONE: Yes, I would like the pre-surgical blood screening.
 No, I do not want the pre-surgical blood screening.

Optional Extras Available During Surgery

Check Here for Extras:	Rabies Vaccine \$14.00	7-in-1 Vaccine \$22.00 Dog \$29.50 Cat	Bordetella Vaccine \$16.00	Microchip Implant \$45.00	Nail Trim \$10.00	Canine Annual \$88.50	Spay/Neuter Tattoo \$5.00
	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	Heartworm Test \$35	Feline Leuk/FIV Test \$40	Fecal \$15	Exam \$30	E-Collar \$5-\$15	Feline Annual \$60.50-\$101.00	
	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	

Mass and/or Tumor removals; Histopathology/postage \$70.00 YES NO

I, being responsible for the above animal, have the authority to grant you my consent to prescribe for, treat, and/or operate upon my pet. The nature of the procedure(s) has been explained to me, and no guarantee has been made as to the results or cure. I understand that there is risk involved with any procedure. I will not hold Trousdale Co. Veterinary Services, the veterinarians, or the staff liable for any unforeseen complications. Payment is due when services are rendered, unless other arrangements are made in advance. I hereby authorize the veterinarian(s) to perform the procedure(s) necessary for any complications or other unforeseen circumstances.

Signature of owner/responsible party: _____