



Countrywide
Large Animal Veterinary Service, PLLC

Surgery Consent

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Residence Phone Number _____ Cell Phone Number _____

Patient Information

Name / Tag # _____ Nickname _____

Species Bovine Camelid Caprine Equine Ovine Porcine

Age / Birthdate _____ Breed _____ Color _____ Sex (Circle one): Male – Female – Altered Male – Altered Female

Estimate

The cost of medical and/or surgical care of your animal for the procedure: _____

is estimated to be between \$ _____ and \$ _____. Please recognize that this is only an approximation of the cost to you for the above named procedure performed on your animal. The final cost of treating your animal may be substantially different if additional disease conditions present or complications develop. This estimate does not include aftercare, additional days of hospitalization, or supplies and medication used in the aftercare at the hospital or sent home upon discharge.

A deposit of 50% of the estimated cost of surgery is due at the time of drop-off. Deposit amount due is \$ _____. Unless another form of payment is offered, the card listed below will be charged for the deposit.

Pre-Anesthetic Blood Work

At Countrywide Large Animal Veterinary Services, PLLC pre-anesthetic blood work is required and included in the cost estimate of the surgery for all equine patients. Pre-anesthetic blood work screens the liver, kidney, metabolic and bone marrow functions of your animal. This helps to ensure that your animal will be capable of effectively metabolizing the anesthesia we administer, thereby minimizing the likelihood of any unexpected complications. Your animal's safety is our highest priority and anesthetic regimens can be altered to fit any particular health concern.

Provision of Pain Relief

Administration of pain medication before some procedures may be warranted. The provision of pain relief, when warranted, is included in the cost of your animal's surgical procedure estimate. Pain relief medications post-surgical procedure may also be necessary.

Please list any diseases, conditions or medications that your animal is presently being treated for/with. Please list any past conditions we should be aware of.



Authorization / Consent for Surgery

I, as owner or agent for the owner of the animal listed above, have the authority to execute this consent. I authorize Countryside Large Animal Veterinary Services, PLLC to treat and perform surgery on the animal listed above. This treatment/procedure may include the use of appropriate diagnostics, medications, anesthetics and/or surgical procedures as deemed necessary in the exercise of the veterinarian's professional judgement.

Financial Responsibility

A CREDIT CARD ON FILE IS REQUIRED.

I accept full financial responsibility. I understand that payment IN FULL is required upon release of the animal. It is the policy of Countryside Large Animal Veterinary Services, PLLC to have a credit card on file for surgical patients and hospitalized animals. I understand my credit card will be charged on the following business day after discharge of the animal if another form of payment has not been presented.

I have read and understand this authorization and consent.

Credit Card Number _____ Expiration Date _____ V

Code _____

Agent / Owner Signature _____ Date _____

Phone number where you can be reached on the day of surgery _____

(Staff) Initial and Date _____