



COBB VETERINARY CLINIC, P.C.

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432-682-6405 (Phone)
432-682-6402 (Fax)

Client: _____ Procedure: _____
Patient: _____ Date: _____

Please read carefully before you sign:

Your pet will require anesthesia for the above elected procedure. We recommend a blood profile to assess and minimize the risk of anesthesia for your pet, and check your pet's health. The latest technology enables us to run safe, and accurate blood chemistries, minutes before anesthetic induction. These tests are similar to those your physician would run if you were undergoing anesthesia. Results will also serve as future reference values should your pet become ill.

- CBC** (Complete Blood Count) Assesses anemia, infection, and clotting Cost \$34
- Pet Health Screen 1 (Prep Profile)**
Recommended for healthy pets younger than 6 years Cost \$38
Evaluates: kidneys, liver, hydration status and sugar levels.
- Pet Health Screen 2 (Comprehensive Diagnostic Profile)**
Recommended for healthy patients 6+ years Cost \$58
Evaluates: kidneys, liver, hydration status, sugar levels, cholesterol, certain cancers, pancreas
- Decline Blood Work** I am declining the recommended pre-anesthetic blood profile and request that you proceed with anesthesia.

Other services desired while patient is sedated/anesthetized:

- Post Operative Pain Management** (required for declaws) \$18
- SubQ Fluid Replacement** (aids in quicker recovery) \$10
- Microchip** \$44
- Feline Leukemia/FIV Test** \$40.32
- Yesterday's News (Post Declaw Cat litter)** \$9.72
- Clip and Brush out mats** \$22
- Vaccinations Please Circle Below**

Rabies

FVRCP-CH/FELV

FVRCP-CH

Surgery Check-In Technician Exam

Patient History	Yes	No
1. Has your pet had any medications in the past 72 hours? If yes please list	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your pet allergic to any medications? If yes, Please list:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your pet experienced any injuries in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your pet eaten in the last 12 hours?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your pet experienced any dramatic weight loss/gain in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your pet been coughing, wheezing or sneezing?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your pet been vomiting or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your pet on heartworm medication?	<input type="checkbox"/>	<input type="checkbox"/>
9. When was the last time your pet was in heat or bred? _____	<input type="checkbox"/>	<input type="checkbox"/>

Technician Exam Checklist

- | | | | | | |
|----------------|------------------------------|---|------------------------------------|--------------------------------------|--------------------------------------|
| 1. Mouth | <input type="checkbox"/> WNL | <input type="checkbox"/> Baby Teeth | <input type="checkbox"/> Broken | <input type="checkbox"/> Calculus | <input type="checkbox"/> Other |
| 2. Eyes | <input type="checkbox"/> WNL | <input type="checkbox"/> Red | <input type="checkbox"/> Discharge | <input type="checkbox"/> Other | |
| 3. Ears | <input type="checkbox"/> WNL | <input type="checkbox"/> Red | <input type="checkbox"/> Discharge | <input type="checkbox"/> Other | |
| 4. Skin | <input type="checkbox"/> WNL | <input type="checkbox"/> Red | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Fleas/Ticks | <input type="checkbox"/> Dry Itching |
| 5. Genitals | <input type="checkbox"/> WNL | <input type="checkbox"/> Swollen | <input type="checkbox"/> Discharge | <input type="checkbox"/> Other | |
| 6. Heart/Lungs | <input type="checkbox"/> WNL | <input type="checkbox"/> Needs Evaluation | | | |

Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure(s) have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedures(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Cobb Veterinary Clinic, P.C. to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Cobb Veterinary Clinic, P.C. provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Cobb Veterinary Clinic, P.C., the veterinarians, or any staff member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

Owner's signature: _____

I assume full financial responsibility for my animal

Phone numbers where I may be reached today: 1. (_____) _____ 2.(_____) _____