



**Kowaliga Whole Health Pet Care & Resort**

8610 Kowaliga Road  
Eclectic, Alabama 36024  
Phone: 334-857-1816  
Fax: 334-857-1876

**Surgery / Anesthesia Consent**

Date:

Owner:

Patient:

Address:

Species:

Phone:

Breed:

Cell:

Sex:

Age:

**Procedure:** \_\_\_\_\_

Your pet will be undergoing general anesthesia plus a surgical procedure today. **In order to recognize any underlying abnormalities your pet may have, we will run a pre-surgical blood profile on your pet. This consists of a CBC, which check blood cells and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes. This blood test will help us to assess the health of your pet more completely and determine if there are any additions or precautions we need to take before surgery. The cost is \$75.00 per pet.**

**OUR SURGICAL PROCEDURES INCLUDE SURGICAL IV FLUIDS, BLOOD WORK, PRE & POST-OPERATIVE PAIN MEDICATIONS, AND AN ANTIBIOTIC INJECTION.**

**THERE IS AN ADDITIONAL CHARGE FOR MICROCHIPS, NAIL GRINDS AND SCROTAL REMOVAL.**

- 🐾 Nail Grind Fee \$14.00
- 🐾 Microchip & Sign Up Fee \$52.00

Microchip:  YES  NO, I decline the microchip  
 Nail Grind  YES  NO, I decline the nail grind while under anesthesia

**K-9 NEUTER ONLY**  
 \$30 Scrotal Castration  YES  NO, I decline the scrotal castration for K-9 Neuter

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have with the veterinarian/technician before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the surgical procedure have been answered to my satisfaction.

Today's Phone Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_