

**FRIENDSHIP SPRINGS VETERINARY CARE**

**PERIOPERATIVE ELECTIVE PROCEDURES**

Client Name: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

To make your pet’s anesthesia/surgical procedures and life as safe and as comfortable as possible, we recommend the following additional services. *Although these services are not required, we **very strongly** recommend them because we believe in them.* Information that may be useful in helping you make these decisions is available on our website at [www.FriendshipSpringsVet.com](http://www.FriendshipSpringsVet.com) We would be very happy to provide these services for your pet for an additional fee.

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***Advanced Anesthesia***

\_\_\_\_\_ Yes, I request this service for my pet. \_\_\_\_\_ No, I do not choose this service for my pet.

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***Microchip Identification***

\_\_\_\_\_ I request this service for my pet. \_\_\_\_\_ I do not to choose this service for my pet.

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***Prophylactic Gastropexy (Canine large or giant breed only)***

\_\_\_\_\_ Yes, I request this service for my pet. \_\_\_\_\_ No, I do not choose this service for my pet.

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***Laser Nail Shortening (Canine only)***

\_\_\_\_\_ Yes, I request this service for my pet. \_\_\_\_\_ No, I do not choose this service for my pet.

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I am the owner or the authorized agent of the owner of this pet, I have the authority to execute this consent, and I am over eighteen years of age. I hereby request, consent to and authorize the performance of the above requested and indicated procedure(s) and all associated ancillary procedure(s) that are deemed necessary and desirable in the professional opinion of the staff of *Friendship Springs Veterinary Care*. I understand that during the performance of the foregoing procedures, unforeseen changes in treatment plan, unanticipated conditions may be revealed, or unexpected events may occur that necessitate an extension or modification of the foregoing procedure, additional procedures, or different procedures than those set forth above. I hereby consent to and authorize, the performance of all such procedures, including, but not limited to medical, anesthetic, dental, and surgical procedures, and I request, consent, and agree to pay for all such procedures performed. I understand that, although all due precautions will be taken to ensure the safety of my pet, inherent risks, including injury and death, exist with any type of medical, anesthetic, dental, or a surgical procedure. By signing below I indicate that if I have had concerns, then I have inquired about and been advised to my satisfaction as to other treatment options available for my pet, the nature of the procedures, short and long-term prognosis, the most common risks and complications, recovery care requirements and duration, and any other questions I may have had.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*