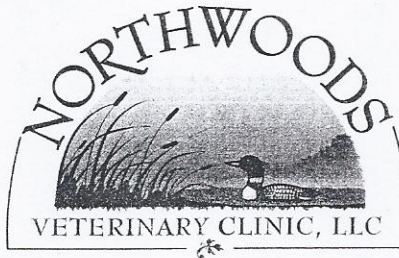


DRS. GALLAGHER & CARLSON
9920 HWY 22 E
GILLETT, WI 54124



(920) 855-2229
FAX (920) 855-1800
www.northwoodsvetcenter.com

Procedure/Surgical Consent Form

Client: _____
Patient: _____
Species: _____ Sex: _____
Color: _____ Age: _____
Breed: _____

Date: _____
Phone numbers to reach you at today:
C _____
Today's weight: _____

I certify that I own, or I am the authorized agent for the owner of, the above described animal and I do hereby consent to authorize Northwoods Veterinary Clinic, LLC and its staff to hospitalize this animal and to administer medications, tests, surgical procedures, anesthetics, and/or treatments that the doctor deems necessary for the health and well-being of the above animal while it is under their care and supervision. I have been advised of the risks involved in this procedure and as such will hold Northwoods Veterinary Clinic, LLC and its staff harmless from and against any and all liability arising out of the performance of any of the procedures referred to below:

Please initial applicable items:

_____ Estimate: An estimate of \$ _____ has been provided for the procedure.
This amount does not include extenuating circumstances, complications,
resuscitation, extended hospitalization, intensive care, or medical referral.

_____ Yes No Microchip: I authorize insertion of a pet microchip (electronic
identification device), \$57.

_____ If I have a female dog or cat to be spayed, I understand there may be an
additional fee if she is in heat, pregnant, or has an umbilical hernia.

_____ Yes No N/A If my pet is found to be pregnant, I authorize completion of
the spay procedure.

_____ An overnight stay may be recommended to allow a full day of undisturbed rest and
activity restriction. I am aware that continuous overnight monitoring is not available at
this facility. If I desire continuous monitoring, referral to a 24-hour emergency hospital
is available for my pet at my expense.

_____ I am aware that payment is expected in full at the time my pet is discharged.

Signature of owner or authorized agent

Date

Patient: _____

Procedure/Surgical Consent Form, page 2

To maximize your pet's safety, we recommend a pre-anesthetic blood chemistry profile ("chemistry") and complete blood count ("CBC"). These tests screen for many abnormalities including dehydration, anemia, infection, diabetes, kidney disease, or liver disease. It gives us an opportunity to recognize certain problems which are not readily apparent on physical exam, including some of those which may complicate the procedure, recovery and/or the healing process. Additionally, these test results may be useful in acting as a reference for your pet, in the event of future illness. The chemistry panel includes seventeen items, including kidney and liver values, blood sugar, protein levels, and electrolytes (calcium, phosphorus, potassium, and sodium). The CBC includes information on the white blood cells, red blood cells, and platelets and may alert the doctor of anemia, infection or platelet deficiency (important for clotting blood).

Complete blood count (CBC) and Chemistry profile (\$83)

_____ Approve _____ Decline

Intravenous (IV) fluid therapy is recommended for all patients, especially older patients, those with compromised organ function, illness, and/or extended anesthesia. Fluid therapy helps to maintain blood pressure throughout the procedure. It also aids in a quicker recovery by better hydrating your pet, which will help flush the system of the anesthetic agents. Placing an IV catheter allows direct access to a vein in case emergency injectable medications are required. Subcutaneous fluids (fluids given under the skin) do not require IV catheter placement; this route of administration can aid in rehydration following surgery, but does not provide support during the procedure.

IV catheter placement and fluid administration (\$40 plus \$25 per liter of IV fluids)

_____ Approve _____ Decline

Subcutaneous fluids following surgery (\$28)

_____ Approve _____ Decline

An e-collar can be helpful in ensuring your pet does not bother the surgical site. You may purchase one to prevent trauma, delayed healing, and destruction caused by licking and chewing. Unused E-collars can be returned for a refund. You may also keep an e-collar in your pet's emergency kit for future use.

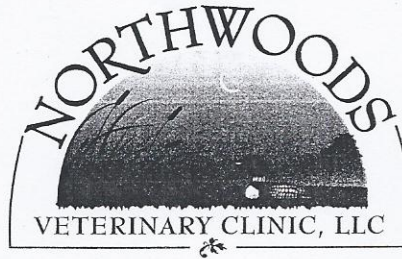
E-collar (\$12)

_____ Approve _____ Decline

Signature of owner or authorized agent

Date

DRS. GALLAGHER & CARLSON
9920 HWY 22 E
GILLETT, WI 54124



(920) 855-2229
FAX (920) 855-1800
www.northwoodsvetcenter.com

Your Pet's Surgery Appointment is: M T W TH F _____

Admission Time is: _____ A.M. P.M.

Your Pet Should Be Picked Up By Either: _____ 4 P.M. Same Day
_____ Next Day 8:15 A.M.

PRE-OPERATIVE INSTRUCTIONS

- The night before surgery, no food after bedtime. Have fresh water available to your pet at all times.
- Please allow time for your pet to relieve themselves before coming to the clinic.
- If your pet is on medication, please ask if medication should be given.
- If you have any questions or concerns **PLEASE** feel free to call our office.

**Surgeries are done in the mornings on Tuesdays and Thursdays.
The order in which the surgeries are performed is determined by the doctor that morning.
You can expect a call from us when all surgeries have been completed.**

Patient: _____

**Dental Procedure Consent Form
Procedure/Surgical Consent Form, page 3**

Your pet is receiving a dental cleaning/prophylaxis under anesthesia today. After the teeth receive a hypersonic scaling and polish, they will be visually examined one by one for disease. Depending on examination findings, we may recommend extraction (removal) of one or more teeth.

Extractions (price is dependent on time for extraction):

_____ Please extract any diseased teeth as recommended based on examination. I understand the risks and complications possible due to extraction procedures, including but not limited to tooth root fracture and jaw fracture.

_____ Please call me before extracting any teeth. If you cannot reach me, I understand that extractions will NOT be performed. I understand the risks and complications possible due to leaving diseased teeth in the mouth, including but not limited to continued infection, gingivitis, weakening of bone surrounding the teeth, and pain. Telephone number I can be reached at today: _____

_____ I understand that Northwoods Veterinary Clinic, LLC is not able to perform dental radiography (dental x-rays). I may elect referral to a veterinary dentist who can complete dental radiographs, difficult extractions, and oral surgery.

Oravet is a sealant placed on the teeth, designed to prevent plaque from adhering to the teeth. We can apply this barrier sealant gel today following the professional cleaning and polishing. Then, you apply the gel weekly to the exterior gum line and tooth. This creates an invisible barrier that prevents plaque and calculus-forming bacteria from attaching to the tooth.

Oravet placement (\$12 for application at time of dental cleaning, and \$28 for 8-week set of plaque prevention gel to apply at home):

Oravet placement, to be applied by our staff at time of dental cleaning (\$12)

_____ Approve _____ Decline

Oravet plaque prevention gel, 8-week set to apply at home (\$28)

_____ Approve _____ Decline

Signature of owner or authorized agent

Date