

Kettle Moraine Veterinary Clinic, S.C.
Surgical Consent Form
Rabbit & Guinea Pig

Surgery Date: _____

Owner's Name: _____

Patient's Name: _____

Surgical Procedure: _____

Surgical check-in time is between 6:00 am to 7:00 am. Surgeries will be done throughout the day. If you have questions for the veterinarians prior to your pet's procedure, it is advisable to schedule an appointment. If an appointment is not scheduled, you will not see the doctor prior to surgery.

Patients need to be picked up by 5:00 pm.

Please read and complete this form. This form must be signed and turned into us 48 hours before the scheduled surgery day.

Do not withhold food or water from your rabbit, guinea pig or small mammal. It is very important that they continue to eat and drink normally prior to admitting into the hospital. When your pet is admitted, the doctor will withhold the food and water for the appropriate time period.

Please bring along a small amount of your pets normal food (pellets and hay) along with some leafy greens and other veggies that they particularly like. It is very important that your pet starts eating soon after they wake up from anesthesia. If your pet normally drinks from a water bottle, please bring this along, too.

Our anesthetic agents are considered very safe, although there is always a risk involved with surgery and anesthesia. Rabbits, guinea pigs and small mammals can become stressed in the hospital environment, which can increase the risk of procedures compared with dogs and cats. Our goal is to provide each pet individual care in a calm, patient manner to allow for the safest procedure for your pet.

Unanticipated conditions may be revealed that necessitates additional or alternative procedures. Because it is in my best interest, I further authorize the veterinarian to perform such alternatives or additional procedures as are in his/her professional judgement necessary and advisable and in accord with the best recognized practice. I understand there is always a potential risk with anesthesia and surgery.

PHONE: _____ **EXT** _____

I would like to be called at this number after the procedure is completed. Yes No

Since we are not staffed 24 hours, please discuss with your veterinarian if you wish to transfer to a 24-hour referral clinic for overnight monitoring.

Signature of Owner: _____

Payment Policy: We accept cash, checks, Master Card, Visa, American Express, and Care Credit for payment of services.

Note: IF your pet scheduled for an ovariohysterectomy and is pregnant or in heat an extra fee may be charged.