Azalea Lakes Veterinary Clinic
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PAYMENT EXPECTED AT TIME OF SERVICES

Surgery Consent Form

Client Name: Phone Number:		Patient: Species:		
I, the owner or authorized agent of this p the procedure unforeseen conditions ma authorize the performance of such techn	y be revealed that nec	essitate an extension of the proce	edure(s). I consent to and	
Spay/Neuter Mass removal De	eclawing 🗌 Sedated e	exam 🗌 Other		
We are proud to provide laser surgery (a The benefits of laser surgery include: les creates less physical trauma.				
The benefits of post-surgery therapeutic reduced pain, reduced inflammation & in	creased healing speed	d when performed immediately af		
The following procedures are recommen	ided:			
inflammation and hy	ations. The tests includ int that checks for blee vdration.			
	YES I accept.	NO I decline.		
An IV can be placed and fluids administern hydration during fasting. 2) Helps regula 4) Pets wake up faster from sedation.				
	YES I accept.	NO I decline		
For mass removals only – would you like a sample to be submitted for histopathology? There is a fee for biopsy samples to be				
reviewed by pathologist.	YES I accept.	NO I decline		
I understand that if my pet has live		at the time of check in, he/she w t my expense.	vill be given a dose of flea/tick	
Signature: Phone number(s) that you can be reached today (please note cell):	Date:			
Permission to text with updates:	YES I accept.	D I decline		
Would you like your pet microchipped wi itself, implantation of the chip, and the fir identification in case a pet gets lost or st	st year registration wit			

YES | accept.