



Surgery Consent Form

Owner's Name _____
Address _____
City/State/Zip _____
Telephone number(s) _____

Pet's Name: _____
Species: _____
Breed: _____
Sex: _____ Altered: _____
Color: _____
Weight: _____
Birth Date: _____

Please answer the following questions regarding your **pet's history**:

- Yes No Is your dog on heartworm prevention?
 Yes No Has your pet been checked for internal parasites in the last six months?
 Yes No Any vomiting, coughing or diarrhea noted?
 Yes No Has your pet eaten this morning?
 Yes No Has your pet been ill or injured in the past 30 days?
 Yes No Is your pet allergic to any medications? If so, what? _____

Pre-Anesthetic Bloodwork

Pre-anesthetic bloodwork will help minimize the risks during anesthesia and surgery. We recommend a blood panel be run before the surgery to detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample (for an additional \$49).

- Yes, I do want the recommended blood panel (\$49)
 No, I do not want the recommended blood panel

If your animal is aggressive and we are unable to perform a physical exam and/or pre-anesthetic bloodwork (if chosen). Do you want us to proceed with the anesthesia and/or procedure, knowing there is an increased risk? Yes No

Additional Procedures

Would you like to have any additional procedure(s) done while your pet is under anesthesia? (this would avoid an additional anesthesia charge) If so, what?

1. Dental Cleaning 2. Wart/Mole Removal 3. Microchip
4. Surgical Nail Trim 5. Other _____

Surgery to be performed _____

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that anesthesia/sedation comes with inherent risks and that complications and even death are possible. I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.

I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

date signature of owner or agent