

Surgical Consent Form

Owner's Name: _____ Pet's Name: _____

Phone number where you can be reached today: _____

I am the owner, or agent, of the above animal and have the authority to execute this consent. I hereby authorize the following procedures:

Pet History:

Yes No

- Are vaccinations current? (Required for admission)
- Has your pet ever had seizures?
- Has your pet had any illness in the last 30 days?
- Is your pet allergic to any drugs that you know of? _____
- Did your pet eat this morning?

Laser Surgery:

Laser surgery can be used on most surgical procedures. Benefits include; decreased pain, swelling and bleeding. Additional fees apply for laser use (\$80-135)

- I want this for my pet. - I do not want this for my pet.

Pre-Op Blood work:

For the protection of our patients, we recommend pre-operative blood work to screen for health conditions that may represent an additional anesthetic risk.

Mini-Panel for pets less than 5 years old - \$76.00

Full-Panel for pets 5 years and older - \$98.00

- I want this for my pet. - I do not want this for my pet.

Avid Microchip. The placement fee is \$50.00 - I want this for my pet - I do not want this for my pet
(Price includes the Global Recovery Fee)

Certain procedures can cause some degree of pain and/or discomfort. Pain medication will be administered to patients whenever appropriate. Reasonable precautions will be used against injury, escape, or death of this pet. All anesthetics do present a risk to the health of my pet. I accept these risks as part of the procedure(s). I realize that the results cannot be guaranteed, and that payment is due in full at the time of discharge.

By signing below, I indicate that I understand and agree to the above information.

Owner's Signature: _____ Date: _____