

SURGERY CONSENT FORM

Date _____ Pet's Name _____
Owner _____ Species _____
Address _____ Breed _____
_____ Sex _____

I hereby authorize Dr. _____ and/or such assistants as selected by him/her, to perform the following procedures upon my pet

I recognize that, during the course of the operation, unforeseen conditions like being in heat, pregnant, cryptorchid (undescended testicles), pyometra, cystic ovaries, etc, may necessitate additional or different procedures than those set forth above and there would be an additional charge. I further authorize and request that the above named surgeon and assistants perform such procedures as are in his/her professional judgment necessary and desirable. We will attempt to inform you by calling you at the emergency number provided below, but if you are unreachable, the authority granted under this paragraph shall extend to remedying conditions not known to the above named surgeon at the time the operation commenced. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure. I have been made aware of certain risks and consequences that are associated with the procedures described above.

All animals undergoing surgery will have an IV catheter placed. IV fluids help maintain proper blood pressure and flow as well as helping to protect the organs. In addition, we readily have a port available to administer potentially life-saving therapy.

Surgeries involve pain that often lingers over a few days. Pets can be stoic and sometimes they do not let us know that they are in pain. All animals will receive pain medications the day of the surgery. For dogs, take home medication will be dispensed.

All animals admitted must be current on their vaccinations.

Pre Anesthetic Blood Work: A pet that appears healthy may still have hidden illnesses. Should a problem be found, anesthesia can be postponed or adjusted to fit your pet's needs. \$79.00. _____ request _____ decline

E-Collar: To keep pet from licking surgery site. Between \$12 - \$26. _____ request _____ decline

Microchip: Pet identification. \$69.00. _____ request _____ decline

Laser Therapy: Laser therapy is the use of an intense beam of laser light directed into tissues to reduce pain, increase blood flow, decrease inflammation and promote healing of the incision. \$15.00 _____ request _____ decline

Histopathology: \$139.00 _____ request _____ decline **Stone Analysis:** \$99 _____ request _____ decline

Would you like your pet's nails to be complimentary trimmed while under anesthesia? _____ request _____ decline

For all procedures necessary to maintain oral health (extractions, bone replacement mixture, antibiotic gel, open root planning, etc.) that are discovered through dental examination and X-rays, I agree to one of the following:

A) Perform oral surgery at the doctor's discretion to ensure a healthy mouth. **I don't need to be contacted first** and I understand advanced dentistry can increase the total bill up to an additional **\$300-\$600**. _____

B) You may perform oral surgery without contacting me but **do not let my oral surgery bill exceed \$**_____ without contacting me first. _____

C) Do not perform oral surgery without contacting me first. I understand you will make one attempt to contact me, and that my pet will be anesthetized when you call. If I don't answer your call, my pet will be recovered from anesthesia without the needed treatment being performed, and that will result in my pet needing a separate procedure in the future. _____

PLEASE LIST ALL MEDICATIONS YOUR PET IS ON: _____

Has your pet had any food or water in the last 8 hours? _____

Signature of Owner

Employee: _____

Number where you can be reached TODAY