

SURGICAL CONSENT FORM

I HAVE READ AND UNDERSTAND:

- That this hospital requires pre-anesthetic blood testing for all pets. That this hospital recommends that for older and debilitated animals to have a full blood chemistry-cbc done, for an additional fee to the owner. The bloodwork aids in a safer anesthesia for your pet.
- That this hospital requires an ECG to be ran and reviewed before any anesthesia

- That this hospital recommends that all dogs be tested and negative for Heartworms at the time of anesthesia. *A Heartworm positive dog may not tolerate anesthesia.*

- That any anesthesia involves a minimal risk to my pet, and I will not hold the doctors, or the staff liable or responsible for complications or death of my pet and that I, the owner/agent assume all risks.
- That the doctor(s) and staff will use all reasonable precautions against injury, escape or death of my pet.

- All charges shall be paid upon release from the hospital.
- If the pet is not picked up within 10 days after the time specified for return and if the doctor or staff is not notified in writing of an alternate date within the 10 day period, the animal will be considered abandoned and will be taken care of by local/state law. It is understood that this does not relieve me from paying for all costs of service and use of the hospital including the cost of hospitalization.

PLEASE CHECK ALL THAT APPLY:

___ I request a full blood chemistry-CBC panel for an additional fee of \$41

(also recommended for all pets ages 8 and older)

___ I request a Heartworm Test, and Tick Exposure Screening for my dog for an additional fee of \$42

___ I request a Feline Leukemia/FIV/HW testing for my cat for an additional fee of \$45

___ I request a Microchip for my pet for an additional fee of \$28

PLEASE COMPLETE AND SIGN BELOW:

Pet's name _____ Date of birth or approximate age _____

Dog / Cat Breed _____ Color _____ Weight _____

Phone number(s) to be reached at between 8am – 3pm _____

Proposed Hospital Procedure _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon this pet.

Signature of Owner/Agent _____ Date _____