

Pre-Surgical Consent Form

Please Read Carefully

I understand that during the performance of my pet's surgery or dentistry unforeseen conditions may be revealed that necessitate an extension to or variation from the procedure for which he/she is being admitted. I expect the veterinarian to use reasonable care and judgement in performing the procedure(s). I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns or questions with the veterinarian prior to the initiation of the procedure(s). My signature on this form indicates that any questions regarding these issues have been answered to my satisfaction. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligations to all reasonable costs incurred regarding my pet. I understand that pain medications are included in the cost of surgery and will be provided. If your pet is in heat or is pregnant, an extra charge for the surgery will be applied. We discourage surgery in pregnant or in heat animals

Procedure(s)

Pet's Name

Signature

Date

Phone Number

We recommend a complete blood count and blood chemistry profile prior to any anesthesia to further eliminate any potential side effects. These tests are similar to those your own physician would run.

Suggested Profiles- Please Initial Appropriate Box

Option #1: HEALTHY PATIENTS UNDER 8 YEARS OF AGE

Complete Blood Count (assesses anemia/infection/clotting)

BUN (kidney) Creatnine (kidney) Glucose (sugar) ALT (liver) ALKP (Liver) Total Protein

\$90.00 IN ADDITION to surgery cost

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Option #2: PATIENTS OVER 8 YEARS OF AGE AND ALL LARGE ANIMALS

Includes all tests above plus Cholesterol Phosphorus (kidney) Amylase (pancreas)

Albumin Calcium (certain cancers)

\$125.00 IN ADDITION to surgery cost

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Option #3: DECLINE

I decline the recommended bloodwork at this time and request that the veterinarian proceed with anesthesia.

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Optional Procedures

Vaccinations_____Heartworm Testing_____Heartworm Preventative_____

Flea/Tick Preventative_____FeLV/FIV Testing_____

I have received and read the post-operative discharge instructions for my pet.

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