

SURGICAL CONSENT

CLIENT'S NAME: _____ DATE: _____

HOME PHONE: _____ WORK OR CELL PHONE: _____

PET'S NAME: _____ SPECIES: _____ AGE: _____

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 my pet. I understand the surgery or treatment contemplated is:



PRE-ANESTHETIC BLOOD WORK

Your pet will be given anesthetic and even though anesthesia is relatively safe, there is no guarantee that problems will not occur. To minimize unknown risk factors in your pet, the following policy has been established:

- If a patient is **under** seven (7) years of age, a physical exam is performed and you are offered a pre-anesthetic blood screen to detect anemia, sub clinical infections, and dysfunctioning kidneys and liver.
- If a patient is seven (7) years or **older**, a physical exam is performed and the blood screen to detect any problems prior to anesthesia is HIGHLY RECOMMENDED. Intravenous fluids are also recommended .

I WISH MY PET TO HAVE PRE-ANESTHETIC LAB TESTS: (COST: \$80) AGREE DISAGREE

I WISH MY PET TO HAVE IV FLUIDS: (COST: \$55) AGREE DISAGREE

The Veterinary Medical Center will use all reasonable precautions against injury, escape or death of my pet, but will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. I agree to hold the Veterinary Medical Center and it's agents harmless from any reaction which may occur.

All charges including boarding costs shall be paid upon release from the hospital. If the pet is not called for within five days after the time specified for return and if the doctor is not notified of an alternate date within the five-day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of services and hospital costs including the cost of boarding.

After reading the above, I have signed in agreement.

Owner or Responsible Party

Witness: _____