

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.

HomeAgain Microchip. The placement fee is \$45.00 - I want this for my pet - I do not want this for my pet
This 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: _____