

## Surgery Consent Form

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers where you can be reached today

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

\_\_\_ Spay \_\_\_ Neuter \_\_\_ Dental \_\_\_ Mass Removal \_\_\_ Other (specify) \_\_\_\_\_

**Would you like to MICROCHIP your pet? \_\_\_yes \_\_\_ no We are happy to discuss this with you!!!**

**When was your pets last feeding or snack? \_\_\_\_\_**

\_\_\_\_\_ Initial. All patients will be examined prior to surgery. If the Doctor finds evidence of fleas we will administer flea control to him/her at cost to the owner. This is done to prevent infestation of our facility and any other pets that may be exposed as a result.

\_\_\_\_\_ Initial . There is an exam performed before any procedure if animal will allow. If this is an elective surgery and the pet is deemed unsafe for surgery the owner is responsible for paying the exam fee even if surgery isn't performed.

\_\_\_\_\_ Initial . We recommend pre-anesthetic blood screens for all pets before anesthesia. Diseases like anemia, liver or kidney disease can be detected on lab screens and effect surgical risk and recovery. We also recommend FeLV/FIV tests for cats and heartworm tests for dogs. *Please initial if you would like to approve a pre-operative blood screen for an additional \$50. Let us know if you would like to discuss additional testing.*

\_\_\_\_\_ Initial. At Pet Health Clinic we strive to perform quality care at affordable prices. We are equipped to handle MOST emergencies but in rare cases have to refer pets for care. If this occurs following surgery and owner decides to transfer the owner is responsible for the cost of this care. We would be glad to answer any questions about this.

\_\_\_\_\_ Initial. If this is a **dental procedure** a scaling, polishing and fluoride treatment will be performed. Any obviously diseased teeth will be extracted. Items such bone grafting, digital radiography and more advanced techniques are available at some other veterinary clinics. If you are interested in these we would be glad to refer to another local hospital.

I am the owner and authorized agent of the pet listed above. I consent to and authorize Pet Health Clinic to perform diagnostic, therapeutic, anesthetic and surgical procedures as necessary and advisable for the treatment and maintenance of my pet's wellbeing. While I expect all procedures to be performed to the best of the abilities of the staff, I certify no guarantee as to the outcome or results of any treatment has been guaranteed to me. If I am unable to be reached with reasonable effort I consent and authorize Dr. Andrews to proceed with treatment for the health of my pet. I expect reasonable precautions will be used to ensure my pet's safety and wellbeing while under Pet Health Clinic's care. I understand that with any procedure there are risks which may not be predicted and I accept these risks, inclusive of my pet's death. I understand these risks exist during the course of any medical care. I understand that a guarantee of results cannot be given or implied.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_