

SURGERY CONSENT - PRINT FORM

Surgery Date _____

Owner's Name: _____

Client# _____

Pet's Name: _____ Breed: _____ Sex: _____ Birthdate: _____

PLEASE INITIAL SERVICES BELOW YOU WOULD LIKE DONE.THESE SERVICES ARE PERFORMED AT AN EXTRA FEE

Blood Work - \$90.00 ____ Yes ____ No Chemistry blood panel screens several of your pet's major systems including kidney, liver, protein, and electrolytes. CBC is Complete Blood Count of red blood cells (which carry oxygen), white blood cells (which help fight infection) and platelets (cells critical to the blood's ability to clot.)

Blood Clotting Time Test - \$32.00 ____ Yes ____ No Ensures proper blood clotting time prior to surgical procedure.

Electrocardiogram - \$30.00 ____ Yes ____ No Tests for heart disease prior to surgery procedure.

Radio Wave - \$60.00 ____ Yes ____ No Radiosurgery uses high-frequency electromagnetic (radio) waves to cut and cauterize tissue. This procedure helps to reduce bleeding, and reduce swelling.

Laser Surgery - \$87.00 ____ Yes ____ No A laser is used to cut and cauterize tissue. This procedure helps to reduce pain at surgery site, reduce bleeding, and reduce swelling. For better and faster healing time.

Therapeutic Laser - \$13.00 ____ Yes ____ No This reduces inflammation and pain on surgery site.

Pain Medication - \$10.00 I understand that all pets receive pain medication with surgery and some pets may need additional pain medication. If the veterinarian deems additional pain medication is necessary for my pet, I understand that there is an additional fee. _____

ARE THERE ANY ADDITIONAL SERVICES/PROCEDURES THAT YOU LIKE TO HAVE DONE THIS VISIT?

Mass Removal: _____ Spay or Neuter: _____ Dental: _____ Microchip: _____
Heartworm Test: _____ Fecal Test: _____ X-Rays: _____ Grooming: _____ Nail Trim: _____
Other _____

LIST OF PROCEDURES TO BE PERFORMED: _____

WHAT PHONE NUMBERS CAN WE REACH YOU AT TODAY?

Primary _____ Alternate _____

I do hereby certify that I am the owner/agent of this pet. I give my consent to Pet Hospital and it's staff to care for and administer any treatment and/or perform any tests deemed necessary for the health and welfare of my pet. I do hereby release Pet Hospital and it's staff of any responsibility and liability, in the absence of gross negligence, should my pet inflict self injury, refuse food, become ill, or die while in the care of Pet Hospital and it's staff. I am aware of the risks involved with anesthesia and that the results cannot be guaranteed. There may be times that no personnel are on the premises and that transfer for continued care may be required.

I have read and completely understand this consent form and by signing this document I authorize the Veterinarian and the staff of Pet Hospital to perform the surgery and services that are indicated. I understand that all charges are to be paid at the time of services rendered.

SIGNATURE OWNER/AGENT _____ **WITNESS** _____

For Office Use: Owner Called After Procedure: L/M Spoke w/ Client Time / Initial _____ / _____ Anticipated P/U Time _____