



SURGERY CONSENT FORM

Date: _____

Client Name: _____

Phone: _____

Pet: _____ Breed: _____ Sex: _____ Birthdate: _____

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

Blood Work (prep panel + cbc) - \$54.00 _____ 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 - \$33.75 _____ Yes _____ No

Ensures proper blood clotting time prior to surgical procedure.

Electrocardiogram - \$32.50 _____ Yes _____ No

Tests for heart disease prior to surgery procedure.

Radio Wave - \$48.00 _____ 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 - \$89.00 _____ 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 - \$14.00 _____ Yes _____ No

This reduces inflammation and pain on surgery site.

Pain Medication - 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.

_____ **** **Price is determined by severity/type of pain, you will be given an approximate quote once surgery has been completed.**

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 authorize Healthy Pet Hospital staff, in an emergency situation, to perform any additional procedures necessary for the well-being of my pet until further communication with me.

If unable to contact me:

I give my permission [yes]: or I do not give my permission [no]: to proceed with life sustaining procedures.

I do hereby certify that I am the owner/agent of <animal>. I give my consent to Healthy Pet Hospital and its staff to care for and administer any treatment and/or perform any tests deemed necessary for the health and welfare of <animal>. I do hereby release Healthy Pet Hospital and its 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 Healthy Pet Hospital and its 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 Healthy 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 of Owner _____ Date: _____

Person signing must be 18 years of age or older

WITNESS _____

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