



# 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 - \$33.50** \_\_\_\_\_ 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.

**Cerenia injection - \$25.00** \_\_\_\_\_ Yes \_\_\_\_\_ No

Cerenia is an anti-emetic that will prevent peri-operative nausea and help your pet return to normal feeding sooner, therefore resulting in a faster recovery.

**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 \_\_\_\_\_