

# Marion Animal Hospital

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## Surgery Consent Form General Anesthesia Blood Screen Release

Owner's Name \_\_\_\_\_  
Name of Animal \_\_\_\_\_  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_  
Phone \_\_\_\_\_  
(Where you can be reached the day of surgery)

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby consent and authorize the following procedure(s) or operation(s):

I understand that during the procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation(s) stated above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

Anesthesia carries some risk (even though it may be small); therefore, blood testing is recommended before general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning 100%. Blood work helps us make this determination. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet. Our laboratory is fully equipped and staffed to perform these tests. Results will be immediately available before the anesthesia. If there is any indication an abnormality exists, our clinic will call you before proceeding.

For the safety of our staff and other pets, all pets **MUST have proof of current rabies vaccination**. If not, our clinic will administer one.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

### **\*\*The fees listed below are in addition to any surgery and anesthesia fees\*\***

We recommend post-operative pain medication for your pet.  
Fee for post operative pain medication.....\$25.00  
 Yes, I want post-operative pain medication for my pet.  
 No, I do not want post-operative pain medication for my pet.

We recommend laser treatment applied to the incision to help speed healing and reduce recovery time.  
Fee for laser treatment.....\$15.00  
 Yes, I want the laser treatment performed for my pet  
 No, I do not want the laser treatment for my pet.

We recommend a pre-anesthetic blood screen to help assess patient's health prior to surgery.  
Fee for blood screen..... \$75.00  
 Yes, I want the pre-anesthetic blood screen for my pet.  
 No, I do not want a pre-anesthetic blood screen performed.

We recommend that dogs not receiving heartworm prevention be tested for heartworms prior to anesthesia.  
Fee for heartworm test..... \$39.50  
 Yes, I want my dog to have a heartworm test.  
 No, I do not want my dog to have a heartworm test.

We recommend having your pet microchipped.....\$65  
 Yes, I would like to microchip my pet.  
 No, I would not like to microchip my pet at this time.

**FOR DENTALS ONLY:** We offer dental sealant on all teeth cleanings. It slows the progression of tarter buildup.  
Fee for dental sealant.....\$45 for under 50 lbs  
.....\$65 for over 50 lbs.  
 Yes, I want the dental sealant  
 No, I do not want dental sealant.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Witness to above signature

\_\_\_\_\_  
Date