



**Arlington Heights
Animal Hospital**

SURGICAL CONSENT FORM

I, _____, hereby authorize
(owner or authorized agent)
the veterinarians of Arlington Heights Animal Hospital
to perform upon _____ the following procedures
(pet name)

☐ Spay ☐ Castration
☐ Dental
☐ Other _____

If your pet is having growths removed, please indicate the location of the growth(s) below (PRINT CLEARLY)

If the Doctor recommends histopathology (tissue sample be sent out to a lab for analysis)
at an additional cost, do you consent? Please note costs vary based on the number of ☐ YES ☐ NO
samples. The results inform us of the type of tumor and possible treatment.

Have you withheld food and water from your pet prior to this surgery as directed? ☐ YES ☐ NO
Please list all current medications. ***PLEASE NOTE THE LAST TIME MEDICATIONS WERE GIVEN***

To aid your pet in their recovery and prevent unwanted licking and chewing a protective collar is available for purchase.

☐ Request E-Collar \$45.00 ☐ Decline E-Collar

Has your pet exhibited any symptoms such as coughing, sneezing, vomiting, diarrhea and/or lethargy in the past week? ☐ YES ☐ NO If YES, please list symptoms below.

I understand the nature and purpose of the procedures, risks involved and possible complications that could arise
I understand there are no guarantees or assurance of the outcome of said procedures. I understand that there will
be administration of anesthesia and the inherent risks of its use, including potential death. Should any emergency
arise calling for procedures in addition to, or different from those listed, such procedures will be performed. I
agree to pay in full for all services rendered including those deemed necessary for medical and surgical
complications or other unforeseen circumstances.

Owner or Authorized Agent

Date

Owner Phone Number

PRE-ANESTHETIC BLOOD WORK

Our goal is to keep your pet as safe as possible. Surgical procedures requiring anesthesia can sometimes be hard to predict. We are Arlington Heights Animal Hospital require pre-surgical blood work be done to test your pet's vital organs prior to surgery involving anesthesia. This will help us better determine if complications might be present and provide the best medicine for your pet.

Buddy Foundation spay/neuter certificate ☐ YES ☐ NO

Buddy Foundation certificate covers the cost of spay/neuter only. Required blood work, fluids, medical waste etc. are the owner's responsibility.

Owner must provide Buddy Certificate at time of surgery.

OPTIONAL PROCEDURES

While under anesthesia it is an opportune time to perform other procedures that may be difficult to do while your pet is awake. Please check the box with our selection.

Ear cleaning \$18.00 YES ☐ NO ☐
Nail Trim (courtesy with every surgical procedure)

You have the option of having your pet implanted with a **Home Again microchip**, a permanent identification source in case your pet is ever lost or stolen. Cost is \$75.00 for chip implantation (registration included). YES ☐ NO ☐

DENTAL PROCEDURE

Periodontal disease is the most common disease in dogs and cats. About 85% of dogs and cats have some form of it and are vulnerable to the pain, bad breath and tooth loss that could follow. Chronic infections can spread to the heart, liver, lungs, and kidneys, where they can do even more damage.

For these reasons we recommend regular dental care for your pet. This procedure involves ultrasonic cleaning during which we examine all the teeth. The procedure may reveal teeth which require additional work and, in some cases, it is necessary to extract one or more teeth. (Please do not be concerned if this happens, your pet will still be able to eat normally.) Having to call during the procedure subjects your pet to prolonged anesthesia and additional risk, therefore, we will proceed with the necessary procedure without further notice.

Please sign below acknowledging this procedure has been explained and you fully understand.

Owner or Authorized

Managing pain is an important part of a pet's recovery; therefore, we administer an injection of pain medication after surgery which is included in the price of the surgery. However, in some cases the doctor may feel it is warranted to administer additional pain medication to keep your pet comfortable while hospitalized. Should additional medication be administered there will be an additional charge.

FINANCIAL POLICY

Our company policy states that all professional fees are due at the time services are rendered. Due to the high cost of bookkeeping and billing, positively no charging allowed except through Visa, MasterCard, Discover, American Express or Care Credit. (Applying for Care Credit only takes a few minutes and there is no fee to apply.) We also accept cash or check/debit card. We do not accept post-date checks and will not hold checks for any period of time. There will be a \$35.00 administration/bank fee for any returned check.

I have read the financial policy and agree to the terms. I assume responsibility for all charges incurred in the care of my pet and payment thereof.

Owner or Authorized Agent _____

Phone Number _____ Date _____