



## Veterinary Surgical Consent Form

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Surgical Procedure: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Time of drop off: \_\_\_\_\_ Owner Phone No: \_\_\_\_\_

### My Pet.....

Has not eaten since Midnight of the night prior to the surgery Yes  No

Does not have fleas, ticks or mites (if fleas are discovered on your pet, a capstar will be given at an additional cost of \$7 to ensure the hospital stays flea free) Yes  No

Is up to date on vaccines Yes  No

Has your pet been tested for heartworm disease (canines) Yes  No

If no, would you like to have this done prior to surgery \$44.42 Yes  No

Has your cat been tested for Felv/FIV (feline leukemia/aids) \$46.20 Yes  No

If no, would you like to have this done prior to surgery Yes  No

Has your pet been microchipped? If not, would you like one placed \$45.94 Yes  No

Would you like blood labs done prior to surgery at an additional cost of \$64.00 Yes  No

Has your pet ever had any problems linked to surgical procedures ie. seizures, diarrhea, vomiting, etc.? \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_

An Elizabethan collar is available for an additional cost, this will keep your pet from re-opening the site. Would you like to add it to the cost? \_\_\_\_\_

I understand that any anesthesia involves some risk to my pet and I agree that I will not hold the assistant or doctors liable or responsible in any manner for the injury, escape or death of my pet in connection with the procedure. I will discuss any questions or concerns that I have with my veterinarian before the procedure. I grant my consent for this procedure. I agree to pay in full for the services rendered.

Signature \_\_\_\_\_ Date \_\_\_\_\_