



SURGICAL INFORMATION AND CONSENT FORM

Owner's Name: _____ Pet Name: _____

Procedure for Today: _____ Phone Number: _____

Pre-Anesthetic Exam and Blood Testing

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination and pre-surgical bloodwork as indicated. If a problem is detected, an adjustment in anesthetic protocol will be made or the procedure will be delayed or cancelled to address the well-being of your pet.

The surgery/dental charge includes the surgery/dental, required pre-op blood work, anesthesia, an anti-nausea injection, and a pain injection. Any additional procedures, medications, or Elizabethan/inflatable collar will be additional.

MICROCHIPPING: Microchipping is a recommended, safe way to permanently identify your pet. A small microchip is injected under the skin between the shoulder blades. The microchip contains an unalterable, unique number that can be read by a scanner. The microchip number is linked to your basic information in the AKC Company's central computer to help reunite you back with your pet.

Do you want a Microchip? _____ Yes _____ No The fee is \$83.50 with the basic enrollment included.

****Are there any other concerns you have that we can address while your pet is under anesthesia?**

For Dentals only:

I understand that with dental procedures problems may not be detected until my pet is under anesthesia and has a full oral examination with radiographs. **Please initial option #1, #2, OR #3.**

#1 _____ Initial --- **There is no need to contact me prior.** I authorize the doctor to perform any medically necessary procedure while my pet is under.

I request the Dr. or Tech call me prior to any procedures including extractions, but in the unlikely event I cannot be reached via phone or text within 5 minutes of being called, I wish for the following:

#2 _____ Initial --- I authorize the doctor to perform any recommended treatments including extractions, understanding that there will be a cost associated with those procedures.

#3 _____ Initial --- I wish for the doctor to recover my pet without performing any treatments knowing that my pet may have to set up a procedure under anesthesia in the future to address those issues.

I, the undersigned, authorize surgery for my pet. The nature and risks of this procedure have been explained to me. I am encouraged to discuss any concerns with my veterinarian before the procedure(s) are started. I authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be assisting in my pet's care. I understand that during anesthesia, emergency or unforeseen conditions may make it necessary for the doctor to perform additional or different procedure(s) that are in my pet's best interest. I therefore authorize these emergency procedures until I can be contacted.

Owner's Signature _____

Date _____