

SURGICAL CONSENT FORM

PET NAME _____

Medical history

Does your pet have any of the following? Please check all that apply. If you are uncertain about any possible condition, please ask us.

Heart condition
Diabetes

Bleeding Disorder
Respiratory Condition

Pregnant
Other _____

Reaction to Medications

Dogs

Tested for heartworm disease within one year? Yes No

Current on heartworm preventative and immunizations
(DHP-P, Bordetella, Rabies)? Yes No

Cats

Tested for feline leukemia and feline immunodeficiency virus? Yes No

Current on immunizations (FVRCP, Rabies)? Yes No

Microchips save lives

We recommend implanting microchips in case pets are lost or stolen. This is a permanent identification that your pet can never lose, alter or damage. The charge is \$35 with surgery. Animal shelters nationwide routinely scan all pets they receive. I would like to have the recommended microchip implanted in my pet.

Yes No

Owner's signature _____

Surgeries

Because we care about your pet's safety and comfort during a procedure, we provide the following procedures with all surgical procedures. As with any procedure requiring general anesthesia, serious complications or even death can result. To minimize this risk, all patients receive:

1. Anesthetic safety screening (blood tests) to ensure proper liver and kidney function and to serve as a baseline for future reference.
2. Intravenous catheter and fluid therapy to maintain blood pressure.
3. State-of-the-art monitoring with pulse oximetry, electrocardiography, heart monitor and an assistant remains with the pet until full recovery.
4. Additional pain medication (if needed).

Antibiotics and Pain Medication: Your pet may require pain medication or antibiotics to go home. Please list any antibiotics that your pet can't tolerate _____

Please list any pain medications (over the counter OR prescription) that your pet has received in the past 2 weeks _____

If given the choice, do you prefer liquid or pill medication? Please circle one

Liquid

Pill

Anesthesia: Your pet will have general anesthesia during the surgical procedure. There are inherent risks of anesthesia which include but are not limited to allergic reactions to drugs, tracheal perforation, cardiovascular collapse, organ damage and VERY RARELY death. These complications are extremely rare and every precaution will be taken to ensure your pet's safety.

I am aware of the risks of anesthesia and understand the information presented in this consent form, and I authorize you to proceed with treatment and perform any and all life-saving procedures should the need arise.

Signed _____
(Pet owner)

(Staff witness)

Date _____

Phone number where we can reach you during the procedure: _____