



Surgical & Anesthetic Consent Form

Client# _____

All animals admitted must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at owner's expense.

Date	Owner's name		
Pet's Name	Age	Sex	Breed
Phone numbers where you can be reached <i>during surgery</i> .			
Home	Work	Cell	

Medial History and Condition

Please answer the following questions about your pet:

- | | | |
|---|---|---|
| Is your pet need of any vaccinations? | Y | N |
| Has your pet had anything to eat (not drink) in the last 8 hours? | Y | N |
| Does your pet have a known allergy to any medication? | Y | N |
| Are there any major medical conditions we need to know about? | Y | N |

(Please talk with receptionist for any question answered "yes").

Surgical Procedure(s) _____

As with any surgery requiring general anesthesia or sedation, certain risks may result in serious complications or even death. To minimize such risks we **will be doing** pre-anesthetic blood work to check liver and kidney functions that will cost an additional \$27 to \$40 dollars and we **will be administering** post-operative pain medication that will cost an additional \$18 to \$40 dollars. If the need arises, we may place an IV catheter and administer fluids during surgery. You do have the right to refuse either one or both of these procedures.

Accept both _____ Decline both _____ Other _____

I understand that during the performance of the aforementioned procedure(s), unforeseen conditions might be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect Village Animal Hospital to use reasonable care and judgment in performing the procedure(s). I realize that due to the nature of the procedure and risks involved, results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedures(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal and that payment is due upon discharge.

Signature of Owner/Agent: _____ **Date:** _____

For the sake of your pet while under anesthesia and for your convenience at checkout, please check the box if you desire any of these services.

- | | |
|---|---|
| <input type="checkbox"/> Anal gland expression (\$21) | <input type="checkbox"/> Toenail trimming (\$15) |
| <input type="checkbox"/> Microchip Implant (\$30) | <input type="checkbox"/> Flea & tick medication* |
| <input type="checkbox"/> 6 month injectable heartworm preventative* | <input type="checkbox"/> Prescription diet product* |

*Price depends upon weight of animal