



SURGERY AND/OR PROCEDURE CONSENT FORM

| | |
|---|--------------------------|
| OWNER'S NAME: _____ | PET'S NAME: _____ |
| SEX: _____ | AGE: _____ |
| BREED AND COLOR: _____ | |
| PHONE NUMBER WHERE YOU MAY BE REACHED TODAY: _____ | |
| DISCHARGE DATE AND TIME FOR YOUR PET IS: _____ | |
| If you are unable to pick up your pet on this date, we will gladly board your pet for an additional charge. | |
| PROCEDURE TO BE PERFORMED: _____ | INITIALS: _____ |

When your pet is scheduled for anesthesia or surgery, you can feel comforted that high-quality anesthetics and modern and efficient surgical protocols and methods used in our practice make routine procedures relatively safe, with a low rate of complications. Occasionally, problems can arise during anesthesia, even in healthy dogs regardless of age or breed. All animals presenting for procedures requiring anesthesia are given thorough physical exams prior to administration of any premedication or anesthetic. Anesthesia risks can be greatly increased due to preexisting conditions not evident during routine physical exam. Due to this fact, **Animal Family Practice highly recommends that every pet be screened prior to anesthesia and surgery by means of a minimum of a complete blood count and limited blood chemistry panel. These tests are crucial for detecting:**

1. Low red blood cells or platelets which could cause a serious bleeding problem if not identified before surgery.
2. White blood cell abnormalities which might lead to an increased risk of infection or delay healing.
3. Abnormalities in blood sugar, liver function, or kidney function that could lead to a serious adverse reaction to anesthesia.

PLEASE PERFORM A BLOOD COUNT AND LIMITED BLOOD CHEMISTRY PANEL (REQUIRED in all pets over 8 years of age or when patient is ill or undergoing a non-elective procedure)

Additional cost: \$59.37 INITIALS: _____ YES _____ NO There is also a FULL chemistry panel available, ask for details.

Animal Family Practice also highly recommends that every pet receive an I.V. catheter and I.V. fluids during surgery because:

1. Anesthesia causes blood pressure to drop which leads to low oxygen to the brain and body organs which in turn can cause damage to them. Fluid administration raises blood pressure during anesthesia to counteract this.
2. In the event that an emergency situation arises, venous access is required for administering life-saving medications.

PLEASE PLACE AN I.V. CATHETER AND GIVE FLUIDS DURING ANESTHESIA (REQUIRED in all pets over 8 years of age or when patient is ill or undergoing a non-elective procedure) Additional Cost: \$49.83 INITIALS: _____ YES _____ NO

- Please initial to authorize extraction of baby teeth that haven't fallen out even though adult teeth have erupted: **Yes** ___ **No** ___
- If applicable, please initial to authorize submission of tissue samples for diagnostic testing (fees vary). **Yes** ___ **No** ___

**Note* Please let us know if your pet may be in heat or pregnant; there is an additional fee for surgery in these cases.*

**Note* Some pets will lick and chew at their incision. If this occurs, we will place an e-collar on your pet and add it to your invoice.*

INITIAL any Additional Services Requested: (Inquire for specific fee information)

| | | | |
|------------------------------------|---------------------------|---------------------|--------------------|
| _____ Microchip Placement | _____ Nail Trim | _____ Vaccinations | _____ Lump Removal |
| _____ Heartworm/Fecal Check | _____ Express Anal Glands | _____ Pull Ear Hair | |
| _____ Other (Please list/describe) | | | |

I am the owner or agent of the above described animal, I am at least 18 years of age, and I have the authority to execute this consent. I understand that Animal Family Practice requires my pet to be free from internal and external parasites and up to date on all vaccinations. I understand that I am financially responsible for all medical and surgical procedures and treatments, as well as for any cost associated with vaccination or parasite treatment and that this payment is due upon discharge. I understand that the above procedures will be performed unless waived. I understand that during the performance of the aforementioned operation(s) or procedure(s), unforeseen conditions may be revealed that necessitate an extension of the aforementioned operation(s) or procedure(s) or different operation(s) or procedure(s) than those set forth above, which may result in a change in the estimated cost. Therefore, I hereby consent to and authorize the performance of such operation(s) or procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised of the nature of the operation(s) or procedure(s) and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I hereby consent and authorize the veterinarians and staff of Animal Family Practice Veterinary Hospital to render treatment, and by signing below agree to all conditions. I certify that if I am signing as owner/agent, that I have the authority to execute this consent.

Date _____

SIGNATURE OF OWNER/AGENT/RESPONSIBLE PARTY _____

Date _____

WITNESS _____

For office use only: PROOF VAX UTD? K9: RV DAPP/L BV FEL: RV FVRCP ILL LIST VAX REQUIRED: