

Academy East Veterinary Hospital

Surgery Consent Form

Owner's Name _____ Date _____

Pet's Name _____ Dog _____ or Cat _____ Breed _____ Sex _____

A phone number where you can be reached at any time today: _____

Emergency/Alternate contact if you are unavailable: (name) _____, (number) _____

I do hereby certify that I am the owner (or duly authorized agent for the owner) of the above animal. I hereby give my consent to Academy East Veterinary Hospital to perform the following surgical procedure(s):

1. _____ 3. _____

2. _____ 4. _____

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 the owner's expense. Vaccinations will also be updated at the owner's expense, unless medical records are provided.

For Dental Cleanings: If a dental cleaning is performed, I give permission to perform dental extractions as determined by the doctor. (minimal cost \$20.80 per extraction) _____ (please initial)

Yes No Yes, I authorize full mouth X-Rays to be performed at the additional fee (\$120.00)

To provide the best care possible for your pet and to reduce the risk of complications, certain laboratory screens are recommended prior to anesthesia. Please circle **Yes** or **No** for the following:

Yes No Perform pre-surgical bloodwork to screen for underlying diseases and to assess the need for anesthetic protocol changes (\$89.50)

Yes No Perform an ECG screen to check electrical conduction of the heart (\$60.50)

Yes No Please provide my pet with post-operative pain medication (additional charge). Side effects may include behavioral, gastrointestinal, cardiac, respiratory, liver, and kidney.

Yes No My pet is coming into the hospital with an empty stomach (necessary prior to anesthesia to help prevent regurgitation and possible aspiration)

While your pet is under anesthesia, pain is subdued and elective procedures can be safely performed. Please circle any of the following procedures that you would like performed at an additional charge:

Post-Op Laser Therapy for Pain

Baby Teeth Extraction

Microchip

Nail Trim

Anal Gland Expression

Ear Cleaning

Dewclaw(s) removal

Other _____

I understand that there are certain risks to anesthesia, including death. I expect Academy East Veterinary Hospital to use reasonable care and judgment in performing the procedures. The nature of the procedure and the risks involved has been explained to me and I realize results cannot be guaranteed.

I understand that during performance of the procedure(s), unforeseen conditions may necessitate an extension or variance of the procedure(s) set forth above. I authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian. I assume full financial responsibility for this pet(s).

Signature of owner/agent