

# 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 All Procedures** (Initial that you have read the following statements; Circle **Yes** or **No** where indicated):

To provide the best care possible for your pet and to reduce the risk of complications, certain screens are recommended or required prior to anesthesia:

\_\_\_\_\_ (initial) Preanesthetic bloodwork is required and will be performed on the day of the procedure, unless it has been previously performed within an appropriate timeline as recommended by the veterinarian

\_\_\_\_\_ (initial) Post operative pain medications will be prescribed as determined by the veterinarian. Side effects may include behavioral, gastrointestinal, cardiac, respiratory, liver, and kidney

**Yes No** Perform an ECG screen to check electrical conduction of the heart

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

**For Dental Cleanings** (Circle **Yes** or **No** where indicated):

**Yes No** Yes, I authorize full mouth X-Rays to be performed

**Yes No** Yes, I authorize dental extractions as determined by the veterinarian

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