



🐇 SURGICAL/ANESTHESIA CONSENT FORM 🐇

Patient:	Date:	
Phone number where I can be reached today:		
Procedure:	- 1	
I, the owner or legal agent of this pet, authorize the veterinarian and staff at this hospital to perform the above procedure(s). I understand that there are risks with any anesthesia and surgery. My signature on this form indicates that I understand the procedure that will be performed, the possible complications, which does include death, and have received an estimate of the costs involved in this procedure.		
We require the Pet Health Screen I before anesthesia and surgery to ensure that your pet is healthy. These tests are similar to those your physician would perform for you. In addition, these tests will serve as reference values for future use should your pet become ill. We recommend the other Pet Heath Screens as your pet ages. The complete blood count assesses anemia, infection and clotting. The pre-operative panel assesses the health of the kidneys and liver, status of hydration and blood sugar levels. Electrolyte levels demonstrate acid-base balance and the thyroid level determines the level of circulating thyroid hormone.		
Pet Health Screening I	Pet Health Screening II	Pet Health Screening III
Required in all patients	Recommended for ages 3 to 7 years old	Recommended for patients > 7 years
- Hematocrit - Pre-operative panel	- Complete Blood Count - Pre-operative panel - Electrolytes	Complete Blood CountPre-operative panelElectrolytes
Cost \$71	Cost \$107	- Thyroid test
Initial:	Initial:	Cost \$148
		Initial:
If this surgical or dental procedure leads to post-operative pain, it will be necessary to give your pet pain medication. There will be a charge for this medication.		
If further problems are detected while you handled: Do whatever is necessary Contact me prior to any Do only as I have authorized.	ary. v additional procedures.	an option as to how they should be
While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment at the time that services are rendered.		
Owner or authorized agent:		
		Receptionist: