

## FALLS VILLAGE VETERINARY HOSPITAL SURGICAL/ANESTHESIA CONSENT FORM

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I can be called/texted today: \_\_\_\_\_

Procedure: \_\_\_\_\_

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 II** 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 Pet Health Screen III 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 Screen I

*Required for  
non-surgical  
sedation*

Hematocrit  
Pre-operative panel

Cost \$90 Initial\_\_\_\_\_

### Pet Health Screen II

*Required for all surgical  
procedures*

Complete Blood Count  
Pre-operative panel  
Electrolytes

Cost \$130 Initial\_\_\_\_\_

### Pet Health Screen III

*Recommended for surgical  
procedures on pets over the  
age of 7*

Complete Blood Count  
Pre-operative panel  
Electrolytes  
Thyroid test

Cost \$175 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 your pet is under anesthesia, please choose an option as to how they should be handled:

- Do whatever is necessary.
- Contact me prior to any additional procedures.
- Should the need arise, resuscitative measures will always be attempted.  
If you do not want this performed, please initial DNR release here. \_\_\_\_\_

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: \_\_\_\_\_