

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: _____