

Surgery Consent Form

Client Name: _____

Patient Name: _____

Species:

- Dog
- Cat
- Other _____

Breed: _____

Date of Birth: _____ / _____ / _____

Anesthetic and medical or surgical procedure(s) to be performed:

- Ovariohysterectomy (female)
- Castration (male)
- Dental Scaling/Polishing/Extractions
- Onychectomy (declaw)
 - Front
 - Back
 - Both
- Ophthalmic (eye)
 - Right
 - Left
 - Both
- Orthopedic (
Description: _____
- Other
Description: _____

The most serious or common complications include: **Reaction to Anesthetic**

Complete the following for Dog Spays ONLY

Is your pet Female? Yes No N/A If so, is she in heat? Yes No N/A

If yes, do you understand that there are additional risks to your pet such as increased bleeding and additional complications that could put her health at risk if we do the procedure today? Yes No N/A

Has a staff member explained these risks to you? Yes No N/A

Do you still wish to have your pet spayed today having been informed these risks? Yes No
N/A

Surgical Options:

Please review detailed information regarding these surgical options under the section titled MORE INFO

SURGICAL SAFETY OPTIONS:

- Pre-Anesthetic Bloodwork**
- Comprehensive Diagnostic Safety Screening**
- IV Catheter and Fluid Therapy**
- Additional Pain Management:**
- Fluoride Treatment**
- Laser Surgery**

SURGICAL SAFETY AND COMFORT OPTIONS:

- Pre-Anesthetic Safety and Comfort Package**
- Comprehensive Diagnostic Safety and Comfort**

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** **I am not** (check one) eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay **100%** of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **does have** **does not have** (check one) my permission to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to a) pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or b) have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (check one).

