## **Surgery Consent Form**

| Date   | Owner's Name  | Pet's Name  |
|--|---|---|
| Phone number w   | e can reach you at today  |   |
| Procedures being   | performed today:  |   |
| Is your pet takir  | ng any Medications/Herbs/Suppleme   | nts? Y/N  |
| If Yes, What   | Strength  | Frequency   |
| Has your pet ha  | d any Vomiting/Diarrhea/Coughing/S  | neezing in the last 48 hours? Y/N   |
| If Yes, What   | When start  | Frequency   |
| bloodwork (if medications b  | you choose so), pre-surgical phy<br>before surgery. <b>We start surge</b><br>ries are completed <b>after 4pm</b> to           | tly! This is allowing us to do the pre-surgical sical, and give your pet the appropriate pain ry between noon and 1pm. We will call you oday. At that time we will give you a pick up   |
| Please <u>read</u> c   | arefully and sign below   |   |
| Pre-Surgical B   | Bloodwork   |   |
| administering and purpose of ensurpose of ensurpre-op blood pre-evident on a physical pre- | nesthesia. However, we highly recomn<br>Iring your pet to be in a low risk catego<br>ofile we will be able to rule out some p | ill perform a full physical examination on your pet before<br>nend a pre-op blood panel to be performed for the<br>bry during anesthesia. By performing this important<br>possible pre-existing internal conditions that may not be<br>cations with anesthesia. There is an additional fee of |
| Please indicate y  | your choice below <b>by signing</b>   |   |
| <b>Yes</b> , Please do tl  | he pre-surgical screen on my pet:   |   |
| <b>No</b> , I decline the  | e pre-surgical bloodwork:   |   |
| <u>HomeAgain P</u>   | et Microchip Identification Syste   | <u>em</u>   |
| the size of a grain are put to sleep   | in of rice and sits between the shoulde because shelters are unable to identif  | our pet for permanent identification. The microchip is er blades. Every year more than 10 million dogs and cats by them and locate their owners. The additional cost for n the Companion Animal Recovery Database for the life  |
| Please indicate y  | your choice below <b>by signing</b>   |   |
| <b>Yes</b> , I would like  | to have my pet microchipped today:_   |   |
| <b>No</b> , I do not wis   | h to microchip my pet/my pet has a m  | icrochip:   |