



Garland Animal Clinic

Date: _____

Client Name(s): _____

Phone Number: _____

Patient Name: _____

Address: _____

Procedure: Surgery

Please review the following consent form. If you have any questions, please ask the receptionist or the doctor.

1. I am the owner or agent for the above listed animal. I have the authority to execute this consent and am eighteen years of age or older.
2. I consent to and authorize the above procedure(s). I have been advised of the nature of the procedure(s) and the risks involved. I realize that the results cannot be guaranteed.
3. I authorize the use of appropriate anesthetics and other medications. I understand that anesthesia does present a risk to my pet's life, and I accept that risk as a part of the procedure(s). *To help reduce the risks involved with anesthesia, Garland Animal Clinic recommends a pre-surgical blood screen to evaluate your pet's internal status. This test checks kidney and liver function (these systems metabolize the anesthesia), a complete blood count (this would alert us to any infection, clotting problems, or anemia), and blood glucose level (blood sugar).*
 - YES, I would like a pre-surgical blood screen run on my pet.
 - NO, I would not like a pre-surgical blood screen run on my pet at this time.
4. Laser Surgery Option:
In effort to provide your pet with the highest quality surgical care, we offer surgical laser. This is a very powerful beam of light that makes incisions, cauterizes blood vessels, and seal nerve endings. This technology makes surgery much easier on your pet by: decreasing pain, decreasing bleeding, decreasing swelling and improving healing.
 - YES, I would like surgery on my pet to be performed using the laser.
 - NO, I would not like the laser option for my pet.
5. Surgical procedures are inherently painful. In order to control surgical pain and inflammation we give an anti-inflammatory medication pre-surgically, laser therapy treatment post surgically and send home oral medication to help control pain for 5-7 days post surgery.
 - YES, I would like presurgical and post surgical pain medication for my pet.
 - NO, I would not like post surgical pain medication even if extractions are necessary.
6. I understand that during the performance of the above-listed procedure(s) unforeseen conditions may be released that necessitate an extension of the above procedure(s) or different procedures than those set forth above. Thereby, I consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgement.
7. I understand that payment in full is expected at the time of dismissal. Any other billing arrangements must be made in advance.
8. I have read and do understand this consent and hereby voluntarily execute my consent.

What medications is your pet currently receiving (including vitamins and supplements)?

Medication	Dose	How often	Time of last dose	Need Refill

Signature _____

Date _____