

**Animal Medical Care Center**  
2816 George Washington Memorial Hwy  
Yorktown, VA 23693  
(757) 867-8808

## Surgical Consent Form

**Please take a moment to complete this form so we can give your pet the best possible Veterinary care.**

Pet's Name: \_\_\_\_\_

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

Procedure to be performed: \_\_\_\_\_  
Include any special problems you want the doctor to examine.

- Would you like your pet microchipped?      Yes (  )      No (  )      Already microchipped (  )
- A flea & tick treatment will be applied at the owner's expense to any pet with evidence of fleas, flea dirt or ticks.
- For the comfort of your pet, a pain injection is given for all surgical procedures. The Doctor may also prescribe pain medication to go home if necessary,

Please list the medications your pet is currently taking, the dosage and when they were last given.

When was the last time your pet ate? \_\_\_\_\_

Has your pet ever had an adverse reaction to any medication or anesthesia?    Yes (  )    No (  )    If yes, please explain

Class IV laser therapy is the use of a beam of laser light directed into tissues to increase blood flow, **reduce pain**, decrease inflammation & promote healing from surgical procedures. Would you like your pet to receive laser therapy today for an additional \$15.00?    Yes (  )    No (  )

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. This center takes every precaution to ensure the health and safety of your pet. To increase the safety of any procedure involving anesthesia, we require pre-anesthetic blood work in order to determine your pet's physical condition prior to going under anesthesia. I authorize the use of anesthesia on my pet.      **Initial** \_\_\_\_\_

I acknowledge that changes if my pets condition or discovery of other findings during treatment may necessitate a change in or an extension of the original treatment plan. In the event I cannot be reached, the Animal Medical Care Center has permission to proceed with medical care that will preserve my pet's health or minimize the need for and risks of additional and costly services at a later date.      **Initial** \_\_\_\_\_

**In the event of an unforeseen emergency**, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and also healthy enough to undergo their procedure today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. **Please initial your preference:**

\_\_\_\_\_ **Please proceed**  
with all life-saving measures.  
I accept responsibility for any costs incurred.

\_\_\_\_\_ **No, please do not proceed**, with any treatment beyond non-invasive life support until I can be reached.

\_\_\_\_\_ **Do Not Resuscitate**  
my pet in the event of cardiac and/or respiratory arrest.

**I have read and understand the information printed above. I assume responsibility and understand any remaining balances are to be paid upon release of my pet.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

Thank you for your cooperation in helping us make your pet's stay a safe and happy one!