



# Surgical Consent

Pets Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Today's telephone: \_\_\_\_\_

For the safety and comfort of your pet(s), and for your peace of mind, we follow a minimum set of requirements before, during, and after anesthesia. Our greatest concern is the well being of your pet, before anesthesia we perform a full examination. However many conditions, including liver, kidney, or blood disorders, make anesthesia risky. **Only a blood test can alert us to these conditions.** For senior pets, 7 years or older, we recommend a more comprehensive blood test. These test are necessary before performing any kind of surgery. The veterinarian may also customize the diagnostic tests necessary for your specific pet. **Most owners choose the required blood test for their pet's safety.**

Please choose:

\_\_\_\_\_ Pre-anesthetic blood test for pets less than 7 years of age

\_\_\_\_\_ Comprehensive blood test for pets 7 years or older.

\_\_\_\_\_ I decline the recommended blood test on my pet. I fully understand the possible consequences of anesthesia/surgery being performed without the knowledge obtained from the recommended blood work.

Please answer the following questions:

1. Did your pet eat or drink after midnight?  Yes  No If yes, please explain \_\_\_\_\_
2. Did your pet urinate today?  Yes  No Defecate?  Yes  No  
If yes, was it abnormal (i.e. diarrhea) please explain \_\_\_\_\_
3. Has your pet had any unusual symptoms over the past two days: coughing/sneezing/vomiting  Yes  No  
If yes, please explain \_\_\_\_\_
4. Is your pet on a monthly heartworm preventative?  Yes  No Type of prevention: \_\_\_\_\_  
Last heartworm test (date) \_\_\_\_\_
5. Please list ALL medications and supplements that your pet is currently taking: \_\_\_\_\_
6. Does your pet have any known allergic reactions?: \_\_\_\_\_
7. Has our pet ever had a seizure?  Yes  No

I am aware that if my pet has fleas or ticks, it will be treated and I will be responsible for the charge.  
I am aware that there will be an additional charge if my pet is pregnant or in heat (SPAYS ONLY).  
I understand that my pet's nails will be trimmed (at no charge)  
I understand that my pet's leg **WILL BE SHAVED** today for the placement of an IV catheter.  
I understand that if this is the first visit for my pet, I will be charged an exam fee.

I certify the following:

- I understand that the procedure and its accompanied risk; and I authorize the use of appropriate anesthetics, medicines, and diagnostic tests deemed necessary by the doctor.
- I understand that unforeseen complications or life threatening situations may occur during the procedure; and I authorize the veterinarians and support staff to alter the procedure and to provide such treatments, in the doctor's professional judgment, as necessary to safeguard the life and health of my pet.

Signature \_\_\_\_\_

Date \_\_\_\_\_