

GENERAL SURGERY CONSENT FORM

OWNER OF ANIMAL

<first-name> <last-name>

<address>

<city>, <st> <zip>

Date: <date>

PATIENT: <animal>**BREED:** <breed>**SPECIES:** <species>**SEX:** <sex-name>**Color and markings:** <color>**AGE:** <age>**WEIGHT:** <weight>

It is our goal to keep all procedures as reasonably priced as possible. Our base price includes the services that we feel are the most important for a successful surgery and a comfortable experience for your pet. There are several other services that we feel are important to offer. They are available at an additional fee:

Drop off time for surgery is between 7:30am and 9:30 am, patients will be prepped for surgery and premediated after drop off. Most surgeries are started by 12:00pm with pets going home typically between 4:00pm and 6:00pm.

The patient needs to be fasted from 9:00pm the night before until surgery, water can be provided.

Is your pet currently taking any medications; prescription or over the counter?

Yes _____ No _____

If yes list medications, doses, and last time given:

1. **IV Catheter and Fluids** - The IV catheter provides quick access to the veins case of an emergency. The fluid helps regulate blood pressure, protects the kidneys and liver, and prevents dehydration. They also help your pet during the recovery period from anesthesia during the period after the anesthesia. This is strongly recommended for all pets and is **required for pets age 6 years and older.**

yes _____ no _____

2. **Elizabethan Collar** - This is the lamp-shade looking device that goes on your pets neck to help prevent licking/chewing of the surgery site. Not all pets need this but it is convenient to have it available if needed.

Plastic yes _____ no _____ Soft Inflatable yes _____ no _____

3. **Microchip** - Although this can be installed any time, it involves a fairly large needle so if done while your pet is under anesthesia and already getting pain medication the procedure is more comfortable. Our microchip includes free registration. If it is done today under anesthesia there is a \$10.00 savings.

Chip yes _____ no _____

<first-name> <last-name> <animal>

4. Pre-anesthetic Blood Testing - We can run a limited screening test on younger animals. Or we can run a full panel test which is very thorough and checks approximately 35 different things, including a CBC for anemia and white blood cell problems, testing for liver, kidney, electrolyte problems, diabetes, thyroid levels and many other things.

The full panel blood test is required for animals 7 years or older.

Limited panel (optional if under the age of 7) yes _____ no _____

Full panel (required if 7 yrs or older) yes _____ no _____

5. **Sedatives To Go Home** – In order to keep your pet calmer during the recuperation period we can send home sedatives. yes _____ no _____

6. **Toe Nail Trim** - Complimentary yes _____ no _____

7. **Anal Glands** – Discounted charge yes _____ no _____

8. **Photo release: I give my permission for the Animal Hospital of Newport Hills to use photos of my pet.**

I understand that the Animal Hospital may use them on social media sites, for advertisements or any other format the Animal Hospital may choose. I release the Animal Hospital of Newport Hills, its employees and/or office from any violation of any personal or proprietary right I may have in connection with such use.

Yes _____ No _____

Please initial each indicated section below:

_____ I certify that I own the above described animal and authorize the Animal Hospital of Newport Hills to hospitalize said animal. During this time they may administer vaccinations, medication, tests, surgical procedures, anesthetics, or treatments they deem necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital.

_____ I understand that there are inherent risks associated with anesthetic, medical, and surgical procedures, including death. I authorize the doctors of the Animal Hospital of Newport Hills to initiate care to address these complications should they arise while under their care.

_____ In the event of an emergency, the hospital will make every reasonable attempt to contact me so that I am aware of the situation and am involved in medical decisions. I have verified that the contact phone numbers in the chart are correct.

_____ If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Animal Hospital of Newport Hills and the staff free of all responsibility and/or liability in the absence of gross negligence.

_____ If I fail to pick up my animal before the Animal Hospital closes, or if it is recommended that my animal stay overnight, I understand that veterinary staffing is not provided overnight and I am aware that my pet will be unattended during this time. I am aware that there are veterinary hospitals open overnight, but I elect to leave my pet at the Newport Hills Animal Hospital instead of pursuing a transfer.

_____ I further realize that I am responsible for payment of all above mentioned procedures/treatments in full at the time of my pet is discharged. If I neglect to pick up the animal within fourteen (14) days of notice that it is ready for release, the Animal Hospital of Newport Hills may assume that the animal has been abandoned per sec. 16.54.010 of the Washington legal code. In such instances, the Animal Hospital is then authorized to rehome my pet as they see fit. Abandonment, however, does not release me of my obligation for payment of said bill.

_____ I further agree that in case of non-payment, to pay a finance charge of 1.5 percent per month (18 percent per annum), a \$2.00 per month billing charge and any and all collection and attorney's fees incurred by the Animal Hospital of Newport Hills relating to this manner.

Phone number contact for treatment day: _____

Signature: _____
<first-name> <last-name> <animal>