

# Perky Paws Pet Hospital Surgical Consent Form

Client: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Species \_\_\_\_\_ Sex: \_\_\_\_\_

I, the owner or owner's agent, consent and authorize the staff of Perky Paws Pet Hospital, to perform the following procedure(s) on my pet. I also understand that an estimate of the costs will be provided to me at my request and I will be responsible for all fees at the time of discharge.

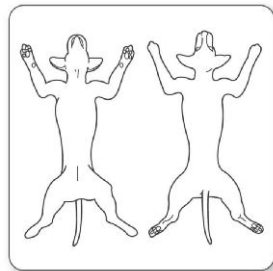
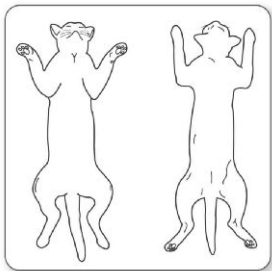
Procedure(s) To Be Performed: \_\_\_\_\_

**Please answer the following questions:**

- Yes \_\_\_ No \_\_\_ Is your pet on heartworm prevention?  
Yes \_\_\_ No \_\_\_ Did your pet eat anything this morning?  
Yes \_\_\_ No \_\_\_ Is your pet allergic to any medication? \_\_\_\_\_  
Yes \_\_\_ No \_\_\_ Has your pet had any history of seizures and/or previous anesthetic problems?  
Yes \_\_\_ No \_\_\_ Is your pet on any medications currently? \_\_\_\_\_

**Anesthetic & Surgery General Statement:** I understand that some medical risk may be associated with anesthesia and /or surgery and I am encouraged to discuss any concerns I have about those risks with the attending veterinarian prior to initiation of the procedure.

**Mass Removal(s):** Please indicate all masses you would like us to remove today.



**Pre-Anesthetic laboratory Evaluation:** In order to reduce the risk of anesthesia, we strongly recommend blood work be done prior to the procedure to help detect internal problems that may not be evident upon physical examination.

**Under Seven Years of Age:**  
Baseline Blood Chemistry  
Complete Blood Count  
Cost \$89.00 Yes \_\_\_ No \_\_\_

**Over Seven Years of Age:**  
Comprehensive Blood Chemistry  
Complete Blood Count and Urinalysis  
Cost \$109.00 Yes \_\_\_ No \_\_\_

**IV Catheter**  
IV Catheter and Fluids  
Cost: \$44 Yes \_\_\_ No \_\_\_

**Microchip:** I would like a Home Again microchip (\$72.00) Yes \_\_\_ No \_\_\_  
Microchips are encoded transponders which are implanted under the skin to provide permanent identification for your pet.

**Dental Statement:** Dentistry includes cleaning, polishing, and fluoride treatment of the teeth while under general anesthesia. In many cases of gum disease, extraction of diseased teeth is necessary to prevent further infection and pain. We request your prior consent to extraction. If you do not give prior consent, we will try to contact you by phone during the procedure. If consent cannot be obtained, your pet will be awakened without extractions performed.

Yes \_\_\_ extract diseased teeth. No \_\_\_ do not extract diseased teeth.

**Pain Medication:** Pain medication is strongly recommended following surgery and/or dental procedures requiring extractions. This minimal additional fee allows for your pet to be more comfortable during recovery. Yes \_\_\_ No \_\_\_

I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and realize that results cannot be guaranteed.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number where you can be reached today \_\_\_\_\_



PERKY PAWS

PET HOSPITAL