

Perky Paws Pet Hospital Surgical Consent Form

Client: <first-name> <client>

Patient Name: <animal> Breed: <breed> Species: <species> Sex: <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 <animal>. 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.

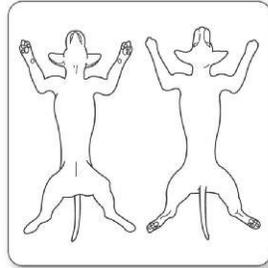
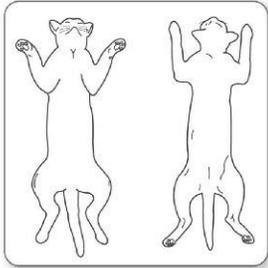
Procedure(s) To Be Performed: _____

Please answer the following questions:

- Yes ___ No ___ Is <animal> on heartworm prevention?
- Yes ___ No ___ Did <animal> eat anything this morning?
- Yes ___ No ___ Is <animal> allergic to any medication? _____
- Yes ___ No ___ Has <animal> had any history of seizures and/or previous anesthetic problems?
- Yes ___ No ___ Is <animal> 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.



Histopathology

Submitting samples to a pathologist for identification
Yes ___ No ___

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 \$94.00 No ___

Seven Years of Age and Over:

Comprehensive Blood Chemistry
Complete Blood Count
Cost \$119.00 No ___

IV Catheter

IV Catheter and Fluids
Cost: \$52.50 No ___

Pre-op ECG

ECG screen w/ Cardiologist
Cost: \$57.50 No ___

Microchip: I would like a Home Again microchip (\$75.50) 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 _____