

SURGERY CONSENT FORM

**Pet(s) must be current on vaccinations or they will be given at the owner's expense.*

Surgical Procedure: _____

I consent to the following vaccinations to be given:

Vaccinations: __rabies __DHLP Parvo __Bordetella __FVR CP __Feline Leukemia

I have not given my pet any food or water after midnight on the night before the procedure.

Client Name: _____ Date _____

Pet(s) Name _____

Client Daytime Contact Number(s): _____

Emergency Contact Person _____ Emergency Phone (____) _____

PRE-ANESTHETIC BLOODWORK RECOMMENDATIONS (additional charges will be applied-please mark yes or no)

Our greatest concern is the well-being of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys, or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens, especially for geriatric patients greater than 7 years old.

	YES	NO
Complete Blood Count and 10 Chemistry Panel	<input type="checkbox"/>	<input type="checkbox"/>
Canine Heartworm Test	<input type="checkbox"/>	<input type="checkbox"/>
Feline Leukemia and FIV Test	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL OPTIONAL SERVICES (additional charges will be applied)

<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Fecal
<input type="checkbox"/> Express Anal Glands	<input type="checkbox"/> HomeAgain Microchip Identification
<input type="checkbox"/> Cold Laser Therapy reduces post-operative pain and swelling at the incision and can speed recovery \$10.00	

AUTHORIZATION TO PERFORM SURGERY

I hereby authorize FAC to perform such diagnostic and surgical procedures as described above. I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I understand that I assume financial responsibility for all services rendered and agree to pay all charges (including boarding costs) upon release of pet from the clinic.

I do not want my cat or dog spayed if she is pregnant.

I have read and fully understand this surgery and anesthesia consent form.

***In the event of an emergency situation, I authorize** **YES** **NO**
FAC to do whatever you deem necessary to treat my pet.

Client Signature (or responsible party)

Print Name

Date