



SURGICAL CONSENT FORM

Client: _____

Date: _____

Patient: _____

Species: _____

Procedure: _____

PRE-ANESTHETIC TESTING (Required for animals over the age of 7):

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we recommend a pre-anesthetic blood test (CBC/Chem) and/or a coagulation screening test (PT/APTT) to help reduce many of the risks of surgery. Certain conditions including disorders of the liver, kidneys and blood can increase the risks of surgery. These conditions are not apparent upon physical examination and cannot be identified until a blood test is performed.

I want my pet to have a CBC/Chem screen performed prior to anesthesia: YES / NO

I want my pet to have a PT/APTT performed prior to anesthesia (\$40.00): YES / NO

INTRAVENOUS FLUIDS (Mandatory for mature & large breed dog spays and other major surgical procedures):

Administration of intravenous fluids will help to maintain your pet's blood pressure and increase his/her circulation during their anesthetic. It will also help him/her to recover more quickly. The intravenous catheter is also used to administer medication if needed.

I want my pet to have IV fluids during his/her anesthetic (\$71.10): YES / NO

PET IDENTIFICATION:

We highly recommend a tattoo and/or microchip to identify your pet. In the event that he/she goes missing, tattooing and micro-chipping can help to ensure that your pet is returned safely back to you.

I want a **TATTOO** for my pet (\$27.00 incl 1 year registration): YES / NO

I want a **MICROCHIP** for my pet (\$47.00 incl 1 year registration): YES / NO

NO

Please give my pet a complimentary NAIL TRIM while he/she is under anesthetic: YES / NO

By signing below, I authorize anesthetic/surgery for my pet. While Central Animal Hospital provides the highest quality of anesthetic monitoring and surgical services, I understand the nature and risks of this procedure that have been explained to me and I am encouraged to discuss any concerns with the veterinarian before the procedure(s) are started. I understand that the veterinarians and hospital team will do everything possible to reduce any risks and I will not hold Central Animal Hospital, the veterinarians or any team member liable for any complications that may arise.



Client Signature: _____ Phone

Number(s): _____

WE MUST BE ABLE TO REACH YOU IN CASE OF AN EMERGENCY!