

SMITH ANIMAL HOSPITAL SURGICAL CONSENT FORM

Name: _____ Number to call after Surgery: _____

Pet's Name: _____ Gender: _____ Spay/Neuter (y/n) _____ Age: _____

Are you the pet's legal owner? YES or NO Initials: _____

Did you withhold food and water after 9 pm yesterday? Yes or No

Has your pet ever had a seizure? Yes or No

Is there any medical condition we should be aware of prior to anesthesia? Yes or No

- If yes, please explain (& list current medications):

Surgery/Treatment to be performed:

**** NOTE: An additional anesthesia cost will be added to all surgeries performed (\$38 - \$55). Initials: _____

Pain Relievers:

We highly recommend pain relief for **ALL SURGICAL PROCEDURES** to improve post operative comfort. For an additional cost, your pet will receive injectable pain relievers and/or tablet/liquids for 5 -7 days after surgery which will help to control redness, reduce bruising and swelling, and prevent and control pain. We want your pet to feel their best.

Would you like your pet to have pain relievers after surgery?

Pain Injection prior to surgery (\$22-\$45) Do you authorize this treatment? Yes or No Initials: _____

Oral pain medicine at home (\$10-\$35) Do you authorize this treatment? Yes or No Initials: _____

Preanesthetic Bloodwork:

If your pet **is over six (6) years of age or the doctor has other concerns**, pre-anesthetic blood test may be required. The typical test performed in this situation is a Chemical Profile which measures your pet's vital organ enzymes, such as liver and kidneys, before anesthetizing.

The cost of the Chemical Profile is \$145. Do you authorize this treatment? Yes or No Initials: _____

An additional recommendation is that a prothrombin time test be performed. This is a test to determine if your pet's blood is clotting correctly prior to surgery. There are unforeseen complications that can occur, this test will assist in trying to eliminate these problems

The cost of the Prothrombin Time Test is \$38. Do you authorize this treatment? Yes or No Initials: _____

Elizabethan Collar:

We recommend placement of an Elizabethan Collar to prevent your pet from licking/biting at their incision site after surgery has been performed. Licking usually leads to chewing and removal of sutures, which can occur in just minutes. We have various sizes of these protective collars.

The cost of the Elizabethan Collars range from \$18-\$30 Do you authorize? Yes or No Initials: _____

Microchip Placement:

While your pet is under anesthesia we can place a microchip. In the event you pet becomes lost, a microchip can make is easier to locate and reunite you and your pet. Additionally, a microchip is usually required for many types of pet transport to identify your pet.

The cost of a Microchip is \$48.00 Do you authorize this placement? Yes or No Initials:___

Surgical and Anesthetic Release

I authorize the use of anesthetics, diagnostics, surgery, and treatment procedures deemed necessary for the safety of my pet and I understand that all reasonable care and precautions will be taken in performance of these procedures. I understand there may be a risk of complications that can include but are not limited to: injury, bleeding, infection, or even death from both known or unknown causes.

Furthermore, in the case of an emergency, I authorize the doctors and staff of Smith Animal Hospital, to perform any life saving procedures or treatments deemed necessary for the safety of my pet. In these cases, I can be contacted at the phone number listed at the top of this form. IF I AM UNREACHABLE, I GIVE FULL AUTHORITY TO THE VETERINARIAN TO USE HIS OR HER BEST JUDEGMENT IN THE CARE OF MY PET UNITL FURTHER COMMUNICATION CAN BE ESTABLISHED. **Initials:___**

By signing below, I acknowledge:

- (i) The nature of the surgery and/or service has been described to me to my satisfaction.
- (ii) I have been given an oppportunity to ask questions to gain any information I desire about the surgery and procedures.
- (iii) I realize that with any procedure there are anesthesia and surgical risks.
- (iv) I understand that I assume financial responsibility for all services rendered and that payment is due on the date of surgery.

Signature_____ Date_____