

Paw Prints Ltd. Veterinary Hospital Surgical Consent Form

Owner Name or Authorized Agent _____ Date _____

Telephone Number _____ Cell Phone _____

Pets Name _____ Weight _____

Surgery or Procedure to be performed _____

Presurgical Laboratory Tests

Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the blood, liver, and kidneys, are not detected unless blood testing is performed. **Such tests are important for pets of all ages prior to any kind of surgery or anesthetic related procedure.** For these reasons we require each pet undergoing any procedure that requires sedation or anesthesia to have a pre-anesthetic blood screening. Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available for evaluation by our veterinarian before anesthesia and/or surgery.

- I understand that Paw Prints Ltd. **will perform a basic pre-anesthetic blood screen** on my pet prior to the above listed procedure, **if the results of the pre-anesthetic blood screen are abnormal or require further investigation the procedure may be postponed for the safety of my pet** and a new treatment plan will be recommended by the veterinarian.
- I understand that **if my pet is geriatric (over the age of 7 years) or has a known underlying condition the veterinarian recommends a more comprehensive blood screening** to further ensure the safety of my pet during the above listed procedure

I would like to request a complete profile for my pet prior to the procedure and understand that this will incur additional fees to my bill.

_____ **Yes**-please perform a complete profile on my pet prior to the above listed procedure.

_____ **No**-please proceed with only the pre-anesthetic blood screen prior to the above listed procedure.

I would like to request my pet receive a post operative pain injection following his/her surgical procedure and understand that this may incur additional fees to my bill.. _____

I, being the responsible owner of the above described animal, have the authority to grant Paw Prints Ltd. Veterinary Hospital my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the surgery or treatment contemplated is. _____.

I understand that the safety and well being of my pet is a priority for the doctor and staff of Paw Prints Ltd. and that all reasonable precautions will be used to achieve the best possible surgical or medical outcome for my pet, based on traditional, sound, medical principles. I realize that I am to assume all risks for the above patient.

PAYMENT IN FULL IS EXPECTED AT THE TIME SERVICES ARE RENDERED

Signature of Owner/Designated Agent _____ Date _____