

## ADMISSION INFORMATION AND CONSENT TO SURGERY

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_  
Your Name (if not client) \_\_\_\_\_ Today's Date \_\_\_\_\_

Staff person admitting patient: \_\_\_\_\_ Patient last ate at \_\_\_\_\_  
Currently on medication? NO YES If yes please list with time of last dose:

### CONSENT TO SURGERY

The person signing this form ("I" or "me") hereby certifies that I am the owner of the animal described above (the "pet"), or that the Pet's owner has appointed me as his/her authorized agent to arrange for and consent to the surgical and other procedures for the pet identified on the attached document (the "Procedures"). I hereby authorize the veterinarian and staff on duty to perform the procedures on the pet, administer to the pet such pain relief medications, sedatives, and/or anesthetics as they consider appropriate for the procedures, and provide the pet such medical, radiological, surgical, nursing, diagnostic, and/or emergency care as they consider necessary or appropriate in connection with the procedures.

A veterinarian has explained to me both the procedures and the risks which arise from the procedures. I hereby acknowledge that I fully understand the risks, including the fact that the use of anesthesia as part of the procedures may cause injury or death to my pet. I also acknowledge and agree that the veterinarian can not guarantee that the procedures will be successful.

As the per owner or the owner's agent I hereby agree to pay in full for the services rendered, including those deemed necessary for medical or surgical complications or for unforeseen circumstances. I understand that the estimate of costs (attached) for the procedures is only an approximation and that the final invoice for the procedure may be greater or less than this amount. I agree to pay the cost of the procedure in full before the pet is released to me and regardless of whether the procedure was successful.

I hereby acknowledge that a veterinarian has recommended the following laboratory test be performed on the pet in order to minimize the risks associated with the procedure. [check all that apply]:

- Panel 1 – includes baseline values for kidneys, red blood cells, liver, diabetes, and fluid status. \$ 50.95.  
 Panel 2– a more complete assessment, recommended for cats > 10 years and dogs > 8 years. \$ 71.30.

The laboratory tests identified in the preceding sentence [check one]:

- are hereby accepted and authorized  are hereby declined or  were performed within the last 30 days.

**MASS REMOVALS ONLY:** Number of masses to be removed \_\_\_\_\_

Location of masses verified by owner or owner agent today: YES NO

My understanding of the procedure is as follows:

### INSTRUCTIONS WHILE PET IS UNDER ANESTHESIA

While my pet is here and under anesthesia please perform the following additional procedures:

- Toe nail trim complementary if under anesthesia (normally \$26.20)  
 Express anal glands \$26.90 (only advised if pet has a previous history of problems)  
 AVID microchip \$46.20  
 Ear exam \$42.60 to \$54.85 for initial examination, then will phone  
 Dental exam with estimate after examination of these areas  
 Vaccinate for \_\_\_\_\_ \$17.00 - \$26.45  
 Other

Please contact me today in accordance with the option selected below [check one]:

- I prefer that the clinic **proceed with all necessary work**, including any and all necessary work not listed on the attached document which may be identified while the pet is under anesthesia.  
 I wish to be **contacted** prior to additional procedures other than emergencies, but if I can not be reached, I **hereby authorize additional, non-emergency procedures** which the veterinarian considers necessary or appropriate.  
 I wish to be **contacted** prior to any additional procedures other than emergencies. If I cannot be reached I **do not authorize additional non-emergency procedures**. I understand that my pet may require an **additional anesthetic procedure** in the future in order to treat a previously unidentified problem or to perform the proposed additional procedure.

Between 8:30 AM and 4:00 PM I can be reached at \_\_\_\_\_ or at \_\_\_\_\_

OWNER'S/AGENT'S SIGNATURE

DATE SIGNED

PRINT NAME

11/13/2006