

# Surgical Consent Form

Date: \_\_\_\_\_ Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Phone number in case of emergency \_\_\_\_\_ Has your pet eaten today? \_\_\_\_\_

Medications the pet is currently on \_\_\_\_\_

## Options for your pet:

- A blood test can be performed to check your pet's liver and kidney function prior to surgery.  
☐ Yes, please do a blood panel for \$50.93      ☐ No
- Would you like to test your pet for Heartworm (dog) or Feline Leukemia/FIV/Heartworm (cat)?  
☐ Yes, I would like the test performed (\$28.09)      ☐ No
- Please indicate if you would like any of the following vaccinations done:  
☐ Rabies                      ☐ Canine Lyme Disease              ☐ Feline Leukemia  
☐ Distemper                      ☐ Canine Bordatella
- Pain medication is highly recommended for all surgeries, but is required for feline declaws:  
☐ Yes, I would like pain meds sent home with the pet (additional \$12-25.00).  
☐ No, I would **NOT** like pain meds sent home
- Please indicate if you would like your pet Microchipped while under anesthesia  
☐ Yes, please microchip my pet for an additional \$57.75  
☐ No, do **NOT** microchip my pet.
- Would you like your pet to be sent home with an e-collar to help prevent licking/chewing?  
☐ Yes (\$6-\$12)                      ☐ No

\*\*\*\*ALL ANIMALS MUST BE CURRENT ON THEIR RABIES VACCINATION. \*\*\*\*

\*\*\*\* IF YOUR PET HAS FLEAS, PLEASE TELL US NOW. ANY ANIMAL FOUND TO HAVE FLEAS WILL BE  
TREATED AT THE OWNER'S EXPENSE. \*\*\*\*

As the owner or agent of the owner of the above animal, I hereby give my consent to Lee Veterinary Clinic, P.C. to perform the following procedures:

1 \_\_\_\_\_

2 \_\_\_\_\_

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the Lee Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). The nature of the procedure, and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

\_\_\_\_\_  
(Signature of Owner/Agent)