## **Surgical Consent Form**

Date:_	Pet's Name	Owner's Name			
Phone number in case of emergency Has your pet eaten today?					
Medica	ations your pet is currently on				
Option	ns for your pet:				
•	Yes, please do a blood pan Would you like to test your dog fo Yes, I would like the test p Would you like to test your cat for Yes, I would like the test p Pain medication is highly recomme Yes, I would like pain meds No, I would NOT like pain r Please indicate if you would like yo Yes, please microchip my p No, do NOT microchip my	r Heartworm?  performed \$32.75			
***		EENT ON THEIR RABIES VACCINATION, IF NOT THEY WILL BE D THE DAY OF SURGERY. *****			
***	* IF YOUR PET HAS FLEAS, PLEASE TE	ELL US NOW. ANY ANIMAL FOUND TO HAVE FLEAS WILL BE THE OWNER'S EXPENSE.****			
Clinic, 1	P.C. to perform the following proced				
I under that no Vetering the pro I am all obligat	rstand that during the performance of ecessitate an extension or variance in nary Clinic to use reasonable care an ocedure, and risks involved have been so aware that unforeseen events restion to all reasonable costs incurred	of this procedure, unforeseen conditions may be revealed in the procedure(s) set forth above. I expect the Lee id judgment in performing the procedure(s). The nature of en explained to me and I realize results cannot be guaranteed. Sulting from the procedure(s) will not relieve me from any regarding the animal.			
(Signat	cure of Owner/Agent)				