



Consent for Surgery

Client Name: _____

Date: _____

Patient Name: _____

D.O.B.: _____

Surgical Procedure: _____

I hereby authorize that I am the owner of the above mentioned patient and have the authority to give Mile Creek Animal Hospital and Dr. Winner permission to perform the above mentioned surgical procedure(s).

In a continuing effort to provide quality healthcare to our patients and reduce anesthetic risk, we offer an optional pre-surgical blood panel. This blood work will check liver and kidney function, blood proteins, and blood glucose levels before your pet is administered any anesthesia. The liver and kidneys are the prime organs that metabolize the anesthetic drugs and it is possible to have elevations, indicating improper function, with no physical symptoms. Blood proteins give a complete picture of liver function and hydration status. Blood glucose levels ensure your pet's sugar is at an appropriate level. This blood work gives us a more complete picture of how your pet's body is functioning.

___ I give consent to perform pre-surgical blood panel

___ I decline the pre-surgical blood panel

Your pet will be examined prior to any procedure, to ensure they are in good health and able to undergo the mentioned procedure. If any abnormalities are found, it will be up to Dr. Winner's medical opinion if she thinks it is safe to proceed. You will be notified of any problems found on physical exam or pre-surgical blood panel. Pain medication will also be given, unless deemed unnecessary by Dr. Winner.

A deposit of 50% of the estimated total bill is required at the time of admission on all surgical procedures.

___ I have been given an estimate for this procedure and understand that the remainder of the bill must be paid in full at the time of discharge, including any charges accrued in the event of unforeseen medical or surgical complications (*Please initial*)

I have read the above information, have had the procedure explained to me, and understand the risks of surgery. I give Mile Creek Animal Hospital permission to perform any necessary procedures should an anesthetic emergency arise, and do what Dr. Winner feels is necessary to preserve the life of my pet in the event that we are not able to reach you .

Signature of Owner/Agent _____ Date _____

Emergency Contact Number (s) _____