

Please Read and Fill Out Entirely

Heartland Animal Hospital Surgical and/or Anesthesia Consent

Owner: _____ Patient Name: _____

Address: _____ Breed: _____

City: _____ State: _____ Zip: _____ Sex: _____

TELEPHONE NUMBER(S) THAT YOU CAN BE REACHED AT TODAY

Did your pet eat this morning? Yes No Unsure Time: _____

It is standard protocol at Heartland that while an animal is anesthetized their nails will be trimmed and their ears will be cleaned and flushed with ear cleaner. If you would like our staff to perform anything else, we will be more than happy to do so. Please initial next to those procedures you would like to have done while anesthetized.

_____ Ear Hair Pulled (\$14.85) _____ Anal Glands Expressed (\$18.97) _____ Trim Paw Pads (\$10.89)
_____ Sanitary Trim (\$17.80) _____ Trim Facial Hair (\$13.20) _____ Microchip (\$42.85)

I hereby authorize performance of the following procedure(s): _____ PLEASE INITIAL: _____

Would you like an estimate for these services? PLEASE INITIAL YES _____ NO _____

I understand that Heartland Animal Hospital **requires** that rabies vaccine be current at the time of the procedure(s), according to South Carolina law. It is Heartland policy that we also perform a fecal centrifugation to check for worms and parasites the morning of surgery if we haven't checked one at Heartland in the last 30 days. If vaccinations are not current, or proof cannot be provided, they will be administered to your animal at the time of admission.

Cost of Fecal Centrifugation: \$20.89

Date of last Rabies Vaccine _____

Is your pet on heartworm prevention? YES _____ NO _____ If not, we recommend a heartworm test (\$38.40) prior to anesthesia.

Please initial if you would like a heartworm test done today _____

I WOULD LIKE MY PET TO HAVE A PRE-ANESTHETIC BLOOD TEST PERFORMED BEFORE BEING ANESTHETIZED. THE COST OF THIS TEST IS \$79.80.

PLEASE INITIAL YES _____ NO _____

Ovariohysterectomy (spay) only: An additional charge of \$35 will be assessed for any patient that the doctor determines to be in heat, pregnant, or with excess mammary development. **Please Initial** understanding of this _____

The nature of such service has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results of cure. I understand all anesthesia includes a certain amount of risk, including death, and that Heartland Animal Hospital, its doctors, and staff, cannot guarantee any outcome. I also understand the possible use of off-label medications may be warranted during the care of my pet. I certify that I own or have authorization from the owner of the above described animal and I do hereby consent and authorize Heartland Animal Hospital, and its staff, to hospitalize my pet and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the doctors deem necessary for the health, safety, or well-being of the above named animal while it is under their care and supervision.

I further realize that I am responsible for payment for the procedures and treatments in full at the time the animal is discharged.

Owner or Agent of Owner's Signature: _____

Date: _____

Admitted by: ___SX Tech_____: O Called by _____ for pick up @ _____ :: E-Collar: YES NO :: Recheck: ___ days/ weeks/ prn