



SURGERY CONSENT FORM

Patient's Name: _____ Owner's Name: _____
Phone number(s) where you can be reached: _____

Please check here if you would like to receive a text message when your pet is in recovery.

When was the last time your pet ate or drink? _____

Is there anything we should know about your pet today? _____

Procedure(s) to be performed: _____

- Is there any possibility your pet may have been exposed to rat poison? YES NO
Has your pet had any recent illness or injury of which we are not aware? YES NO
Does your pet have a history of seizures? YES NO
Does your pet have a history of anesthetic problems? YES NO
Permission for anesthesia/sedation: (Initials) _____ YES NO
Is your pet currently on any Medications, Vitamins, or Supplements? _____ YES NO
Did you give the pre-medications this morning as directed? YES NO

Critical Resuscitation Directive Info Provided and Online at achmorris.com: Attempt Resuscitation [] DNR []

While your pet is sedated, would you like any of the following services? (Circle choices)

- HOMEAGAIN MICROCHIP DENTAL CLEANING W /SEALANT
If your pet requires tooth extractions, do we have your permission to extract as deemed medically necessary?
NAIL TRIM YES NO
EAR CLEANING ORAVET HOMECARE KIT APPLICATION

If your pet is scheduled for anesthesia, we will do a pre-anesthetic blood profile to ensure your pet is in a low risk category, and to use as a reference should your pet become ill. Pain relieving drugs will be dispensed as needed.

Services Due

Your pet must be current on vaccinations. Your pet must also be free of internal parasites (such as worms) and external parasites (fleas and ticks). If not, we will treat your pet accordingly for safety and proper hygiene.

List other services needed: _____

I authorize Animal Care Hospital to do pre-anesthetic blood work, to treat and/or operate on my pet, using reasonable precaution against injury, escape or death. I understand that anesthesia and surgery always involve some risk, and I will not hold Animal Care Hospital liable or responsible, in the absence of gross negligence, in common with these procedures. I understand that no guarantees have been made to me as to the outcome and I authorize Animal Care Hospital to perform any and all life-saving procedures should the need arise except if noted in the Critical Resuscitation Directive. I realize I am responsible for payment for the above procedures at the time of discharge. In case of non-payment, I understand that a finance charge will be applied and that I will be responsible for any collections and attorney fees.

Signature of Owner: _____ Date: _____

Signature of Non-owner presenting pet: _____ Date: _____

Please Print Name Here: _____