

Surgical Consent Form



1933 St. Joseph Dr. NW | Cullman, AL

Consent Form

Date _____ Pet's Name _____
Owner _____ Species _____
Address _____ Breed _____
Sex _____ Age _____
Today's Phone Number _____ Evening Phone Number _____

As the owner or agent of the owner of the above animal, I hereby give my consent to Northside Veterinary Hospital to perform the following procedures:

- 1. _____
2. _____
3. _____

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 [Practice Name] 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 my pet.

Signature of Owner/Agent

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

Laboratory Tests

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we require that all cases be screened prior to anesthesia and include it in the price of the surgery. A White Blood Cell Count, Packed Cell Volume, and Organ Function Screen will be performed prior to surgery. You may be contacted and surgery post-poned if significant abnormalities are found on these screening tests. If bloodwork reveals abnormalities and the patient is not an acceptable candidate for anesthesia, the costs to performed the testing will be charged at discharge.

Additional Services

Please note any additional services that you would like us to perform while your pet is anesthetized:

- Clean Teeth \$_____ Express Anal Glands \$_____
Clean Ears \$_____ Microchip \$_____
Remove Growths \$_____ Nail Trim \$_____
Heartworm Test \$_____ Leukemia Test \$_____
Other: _____

Signature of Owner/Agent