



Client ID:
Inputted by:
**For Office use only*

Surgical Consent Form

Owner's Name	
Pet's Name	
Date	
Pick- up time	

Scheduled Procedure: _____

These procedures, the medical necessity and costs have been explained to me to my satisfaction. I understand that I may call for updates on my pet as I deem appropriate. I understand that no guarantee has been made to me regarding the outcome of my pet's treatment or procedure.

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns with the attending veterinarian before the procedure is initiated. Should some unexpected life- saving emergency care be required, and the attending veterinarian be unable to reach me, **I DO CONSENT or DO NOT CONSENT** to additional treatment at the discretion of the attending doctor and agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

Pre-Anesthetic Blood Testing: Our greatest concern is the well being of your pet. We will monitor your pet's heart rate, respiratory rate, blood oxygen, blood pressure and EKG during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. We strongly recommend pre-anesthesia blood work prior to anesthetizing your pet. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed.

PLEASE INITIAL BELOW (*)Mandatory blood work is required for all animals over 6 years of age(***)**

- ☐ **YES, I want my pet to have CBC & Chemistry blood work completed prior to Anesthesia**
- ☐ **NO, I do not want my pet to have CBC & Chemistry blood work completed prior to anesthesia. I have been informed of the risks associated with declining this bloodwork.**

Please check the WELLNESS check up items you would like completed today

- | | |
|---|---|
| <input type="checkbox"/> Fecal test | <input type="checkbox"/> FIV/ FELV test (Feline) |
| <input type="checkbox"/> Snap 4dx test (canine) | <input type="checkbox"/> Flea and Tick Prevention |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Heartworm Prevention |
| <input type="checkbox"/> Vaccines | <input type="checkbox"/> Other: _____ |

Please select the vaccines for which your pet is currently due, if any:

**Animals are REQUIRED to be up to date on vaccines in order to have surgery*

- | | | |
|---|--|---|
| <input type="checkbox"/> Core vaccination: FVRCP (Feline) | <input type="checkbox"/> Lyme (Canine) | <input type="checkbox"/> Feline Leukemia (must have FIV/ FELV test) |
| <input type="checkbox"/> Core Vaccination: DAPPVL4 (Canine) | <input type="checkbox"/> Bordatella (Canine) | |
| | <input type="checkbox"/> Rabies | |

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Please select your choices for Flea, Tick, and Heartworm preventives:

CAT Revolution Plus (MONTHLY Flea/Tick/ Heartworm prevention)

☐ Single dose ☐ 6 month supply ☐ 12 month supply

CAT Bravecto Plus (8 week Flea/Tick/ Heartworm Prevention)

☐ Single dose ☐ 6 month supply ☐ 12 month supply

CAT Paradefense (Monthly Flea Prevention):

☐ Single dose ☐ 6 month supply ☐ 12 month supply

DOG Credelio (MONTHLY Flea & Tick prevention)

☐ Single dose ☐ 6 month supply ☐ 12 month supply

DOG Bravecto (12 week Flea & Tick Prevention)

☐ Single dose ☐ 6 month supply ☐ 12 month supply

DOG Interceptor Plus (Heartworm preventive and monthly dewormer):

*a NEGATIVE Snap 4DX test is required

☐ Single dose ☐ 6 month supply ☐ 12 month supply

Is your pet currently receiving any medications? If yes, Please list medications and dose below

Medication	Dose

Financial Responsibility

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during this pet's ongoing medical treatment. If your pet is hospitalized, I agree to pay a deposit of **50%** of the estimated fees at the time of hospitalization and assume financial responsibility for the balance of all services rendered, due in full on a cash, credit card, CareCredit, or check basis at the time your pet is discharged.

If <animal> is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours.

PLEASE NOTE: Our hospital policy is to keep all surgery patients overnight unless you are informed otherwise by a Technician or Doctor

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Authorization and Consent

I, being responsible for my pet, having the authority to do so, grant you my consent to receive treatment, prescribe for and/or operate upon my pet as noted above. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on the animal. GPVH is to use all reasonable precautions against injury, escape or death of my pet, but is not held liable or responsible in any matter, as I thoroughly understand I assume all risks.

I, the undersigned owner, authorized agent of the owner, or Good Samaritan responsible for seeking veterinary care am over **eighteen** years of age.

Signature of Owner or Authorized Agent

Date

Phone number(s) where I can be reached:

Cell
Phone

Home/Work
Phone:

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