

# Sumter County Animal Hospital

## Anesthesia/Surgery Consent Form

Client ID: \_\_\_\_\_

Pet Weight: \_\_\_\_\_

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Address: \_\_\_\_\_

Pet ID: \_\_\_\_\_

\_\_\_\_\_

Breed/Color: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Procedures to be performed: \_\_\_\_\_

1. Did you pet have any food to eat this morning? \_\_\_\_\_
2. Any allergies to drugs (If YES, please list)? \_\_\_\_\_
3. What current medications is your pet taking? \_\_\_\_\_
4. Has your pet had any illness or injury in the last 30 days? If yes please list: \_\_\_\_\_

Any additional questions or concerns? \_\_\_\_\_

Do You give consent to life saving emergency care should the need arise **(Please Initial)?**

YES \_\_\_\_\_

No \_\_\_\_\_

What elective procedures would you like performed in addition to anesthetic/surgery:

- Routine Nail Trim
- Microchip Implantation
- Ear Cleaning
- Show Cut Nail Trim
- Heartworm Test
- Other: \_\_\_\_\_

Your pet will be undergoing general anesthesia and/or a surgical procedure today. We highly recommend Pre-Surgical blood profile. This consists of CBC, which will check for blood cells, and ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes. Cost \$75.

**\*\*PETS OVER THE AGE OF 7 MUST HAVE PRESURGICAL SCREENING\*\***

I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ wish to have pre surgical blood work run today **(Please initial)**.

I resume all responsibility for the additional risks/complications resulting from refusal of these services.

I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ wish to have post surgical laser performed today **(Please initial)**. Cost \$20.

**FLEAS OR TICKS WILL AUTOMATICALLY BE TREATED AT AN ADITIONAL CHARGE.**

**AGGRESSIVE ANIMALS THAT REQUIRE SPECIAL HANDLING MAY INCUR AN ADDITIONAL CHARGE.**

I Understand the doctors and hospital staff of Sumter County Animal Hospital will use all reasonable precaution against injury, escape, or death of my pet. I understand that there are possible risks when performing anesthesia and/or surgery. I DO NOT hold Sumter County Animal Hospital liable in connection with these procedures. I have read the foregoing, understand what is written and agree to all terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Best Phone Number to Reach you today: \_\_\_\_\_