



SURGERY CONSENT FORM



Owner:	Patient:
Case No:	Breed:
Street:	Sex:
City:	Age:
Phone:	Color:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give FW, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure as described below. I also give my permission to perform any other procedure that, at his discretion, may be useful to promote the health of this pet, and I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Procedure: _____

Today's Phone Numbers: _____

Signature: _____ Date: _____

ADDITIONAL SERVICE

(PLEASE NOTE ANY ADDITIONAL SERVICES THAT YOU WOULD LIKE US TO PERFORM WHILE SEDATED)

- | | |
|---|--|
| <input type="checkbox"/> CLEAN TEETH | <input type="checkbox"/> MICROCHIP |
| <input type="checkbox"/> NAIL TRIM | <input type="checkbox"/> ANAL GLANDS |
| <input type="checkbox"/> FELINE LEUKEMIA TEST | <input type="checkbox"/> FECAL |
| <input type="checkbox"/> HEARTWORM TEST | <input type="checkbox"/> REMOVE DEWCLAWS |
| <input type="checkbox"/> VACCINATIONS: _____ | |

DO YOU WISH FOR POST-OP PAIN MEDICATIONS? YES NO

DOGS <25LB - ____; 26-50LB - ____; 51-75LB - ____; 76-100LB - ____ CATS - Any Weight ____

LABORATORY TESTS WAIVER

We recommend that any animal over the age of one year should have pre-anesthetic screen consisting of a complete blood count (CBC) and a kidney function test (Prep Profile). Sick animals or animal over seven years of age should have a complete Diagnostic Profile.

- | | |
|---|--|
| <input type="checkbox"/> CBC
(checks W/R blood cell) | <input type="checkbox"/> PT & APTT Combination
(checks for Bloodclotting) |
| <input type="checkbox"/> Chem 10
(checks kidney and liver function) | <input type="checkbox"/> Diagnostic Profile
(general health profile) |
| <input type="checkbox"/> Histopath
(send sample to lab for further analysis) | <input type="checkbox"/> Decline Lab Work |
| <input type="checkbox"/> Chem 10, CBC, Electrolytes | <input type="checkbox"/> Chem 17, CBC, Electrolytes |

Signature _____

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