

Surgical Consent Form

Please fill out and bring this form with you when you check in with your pet on the morning of your surgery.

Name: _____

Phone: _____

Address: _____

Email: _____

When the procedure is completed, how may we contact you? TEXT CALL # _____

Pet name: _____ Breed: _____ Weight: _____

Age: _____ Color: _____ Sex: M F N S

I, the owner or agent of the above named animal, authorize and request the hospitalization of <animal> for the purposes of diagnoses, treatment, surgery, and /or other procedures as specified by this release. I also, approve the use of whatever anesthetics the attending veterinarian deems advisable for the well being of my pet. I understand that all reasonable precautions will be taken to assure the safety of my pet during its stay at Strafford Vet Clinic, but I will not hold the agents of this hospital responsible if the animal should injure itself, escape, fail to eat, become ill, or expire. I absolve Strafford Vet Clinic and its owners and agents of all liability arising from the performance of the procedures requested herein

Please initial that you have read and understood the above information.

Laboratory Test Waiver

If your pet is to have surgery, be 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-surgical examinations. To avoid these problems, we recommend that all surgical cases be screened prior to surgery by means of the following laboratory tests and services:

For your pet's benefit, we recommend before surgery that he/she have pre-operative blood-work done to check the liver and kidney functions, and to insure the safety of the surgery. This is mandatory for pets over 5 years of age unless we have completed a panel in the past 30 days.

Kidney, Liver, Blood Analysis \$47.00 Yes _____ No Please initial that you have read the above info and have made a choice.

Bloodwork is current

Procedures to be performed:

Signature: _____ Date: _____

Staff Signature: _____