



General Consent Form

(For Hospitalization, General Surgery, Etc.)

OWNER OF THE PET MUST BE THE ONE FILLING OUT PAPERWORK, IF THE NAME ON THE PAPERWORK DOES NOT MATCH THE ACCOUNT WE WILL NOT PROCEED WITH SURGERY.

Owner's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Pet's Name: _____ Age: _____ Dog: _____ Cat: _____ Male: _____ Female: _____

Breed/Color: _____ Email: _____

Preferred Phone Number: _____ Emergencies Only Number: _____

*Please write in the procedure(s) that will be done for your pet.

I understand that anesthesia may be used and that with anesthesia there is always a risk, although minimal, of an allergic reaction or even death of the animal. A brief pre-surgical exam will be done on all animals prior to surgery to assess surgery risk. However, it is YOUR responsibility to notify us of any additional health concerns that you are aware of. Any animal found to be at risk for surgery will not be operated on until the owner has been notified of the concern. The nature of the surgery/ procedure has been explained to me satisfactorily. I assume all financial responsibility for all services rendered and payment will be expected at the time of the patient's release.

*****Pre-Surgical Bloodwork (\$18):** This doctor recommended bloodwork is for all animals. It tests four levels in your pet's blood and will be done prior to sedation. It not only helps us better assess anesthesia risk, but will also help us monitor your pet's health while they are with us. This bloodwork evaluates: kidney function, red blood cell level, blood protein, and blood sugar levels.

I want this bloodwork _____

I don't want this bloodwork _____

Dog Optional Items: Initial what you want done

Rabies Vaccine (\$14) _____

Distemper Parvo Combo Vaccine (\$15) _____

Leptospirosis only (\$15) _____

Bordetella Vaccine (\$15) _____

Influenza Vaccine (\$28) _____

Microchip (\$35) _____

Heartworm Test/Flex 4 (\$30) _____

Nail Trim: FREE _____

Cat Optional Items: Initial what you want done

Rabies Vaccine (\$14) _____

Upper Respiratory Combo Vaccine (\$15) _____

Leukemia Vaccine (\$20) _____

FIV/Leukemia Test (\$36) _____

Microchip (\$35) _____

Nail Trim: FREE _____

****Please bring any medical records with you. All cats should be in carriers.***

Signature of Owner/ Agent: _____