

ANESTHESIA / SURGERY / TREATMENT CONSENT FORM

Driving Park Animal Hospital

Owner's Name: _____ Pet's Name: _____

Surgical Procedure: _____ Date: _____

Vaccine Information

In any clinical setting, a patient may be exposed to different communicable diseases. To help prevent contraction of such diseases we require our patients to be up to date on all recommended vaccinations. If an animal is not current on vaccinations and we admit them to the clinic, we are not liable for any diseases contracted.

Pre-operative Bloodwork

Minimum Pre-op Screening	\$ _____
Heartworm Test (This is required if not ... done in the last year/not current on HW prevention)	\$ _____
Serum Chemistry/ CBC (This is required.. if the animal is over 5 years of age)	\$ _____

Pre-Operative Physical Examination

Before we perform any procedure on an animal, we have the doctor do a physical examination. If anything is found during this examination we may postpone surgery and consult with the owner.

FLEAS: If Fleas are found on the animal at the time of examination, a flea prevention will be applied to the animal. The fee will be automatically added to the account of the patient.

Initials;

Authorization

_____ I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

_____ I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

_____ I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

Signature of Owner or Agent: _____ **Date:** _____

Point of contact for today _____