

# Gaines School Animal Hospital



# Surgery Consent Form

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Surgery Type: \_\_\_\_\_ Has your pet had any food, water or treats in the last 8 hours? \_\_\_\_\_

Additional Procedures / Tests / Vaccinations to be done today: \_\_\_\_\_

## Hospital Policies

- All animals must be current on vaccines:

**Canine:** Distemper/Parvo/Corona, Bordetella, and Rabies

**Feline:** Distemper, Feline Leukemia vaccine or Feline Leukemia test in the past year, and Rabies

- There will be an extra charge for animals which are in heat, pregnant, or have retained testicles.

## Pre-Surgical Bloodwork

Before anesthesia, we will perform a pre-surgical exam, blood chemistry and CBC (complete blood count). This blood testing allows us to evaluate the health of your pet's major organs. Based on these results, we may adjust the dose or types of anesthetic we use, or possibly advise postponing the procedure. We will dispense post-surgical pain medicine for all pets when needed.

## Laser Upgrade     \$50 additional

We recommend using the CO<sub>2</sub> laser for most surgical procedures. The benefits of laser surgery include less bleeding, decreased swelling, decreased post-operative pain, reduced rates of infection, and quicker recovery time after surgery.

\_\_\_\_\_ Yes, please use the Laser for my pet's procedure

\_\_\_\_\_ No, thank you

## Microchip Implantation:

**Price: \$65 with registration**

**\$45 without registration**

The HomeAgain Microchip Identification System is a permanent form of pet identification for quicker recovery if your pet should become lost. The chip is about the size of a piece of rice and is inserted under your pet's skin. Using a scanner, the chip can read back an original number registered to your name. With those numbers, your pet can be found and relocated.

\_\_\_\_\_ Yes, please microchip my pet today!

\_\_\_\_\_ No, thank you

## **PLEASE READ CAREFULLY**

I am the owner / agent of the animal described above. I authorize all diagnostic, therapeutic, anesthetic, and surgical procedures necessary for the treatment of my pet. I understand that during these procedures unforeseen complications may arise that necessitate performance of such procedures as deemed necessary in the veterinarian's professional judgment. I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results can not be guaranteed.

I have read the above consent form in its entirety.

Owner's Signature: \_\_\_\_\_ Emergency Contact #'s: \_\_\_\_\_

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