

Surgery Consent Form

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| | Phone Numbers : First: _____ Second: _____ We will call the numbers provided after the surgical procedure has been performed. |
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I am authorizing to and hereby consent the performance of the following procedure(s) and/or operation(s):

If we are removing any skin growth(s) or mass(s) please mark location:

Please provide us with the following information:

Please list any medical conditions your pet suffers, medications and time given: _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed or arise that necessitate an extension of the said procedure(s). Therefore, I hereby consent to the performance of such procedure(s) deemed necessary with the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and medications and understand that the hospital support staff will be utilized as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) and the risks involved and realize that the results cannot be guaranteed.

I have read and understand this authorization and consent.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Monroe Road Animal Hospital

Pre-Anesthetic Lab Work

Choose from the appropriate category

Pets under 8 years of age:

We recommend lab work on all patients. It will be used to determine if there are any pre-existing or hidden medical problems we need to know about. The lab work will be performed and reviewed by a veterinarian before surgery. Any abnormalities will be discussed with you before we begin the procedure.

All dental procedures will have an IV catheter

- Optional blood work
- Decline optional bloodwork

Pets 8 years and older:

Risk factors on pets change as the age of the pet increases. For this reason, the veterinarian **requires** lab work. The blood work will determine any underlying medical issues and will be evaluated by the veterinarian before surgery. An IV catheter and IV fluids will be established to ensure the safety of your pet throughout the procedure.

Pain Medication:

All surgical/dental procedures will receive an injectable pain medication and may be discharged with oral pain medications.

Optional Services:

- Microchip implantation
- Nail trim under anesthesia

Feline Patients:

If antibiotics/pain medications are required would prefer:

- Liquid
- Pills

Please initial one of the following:

- I am certain that my pet has not had any solid food since 10 pm last night and realize that the fed or unfed status of my pet may result in significant risk under anesthesia.
- I am uncertain if my pet has had access to food since 10 pm.