Surgery Consent Form

Date	Owner's Name	Pet's Name
Phone number v	ve can reach you at today	
Procedures bein	g performed today:	
Is your pet tak	ing any Medications/Herbs/Supplem	ents? Y/N
If Yes, What	Strength	Frequency
Has your pet h	ad any Vomiting/Diarrhea/Coughing	/Sneezing in the last 48 hours? Y/N
If Yes, What	When start	Frequency
bloodwork (i medications	f you choose so), pre-surgical ph before surgery. We start surg eries are completed after 4pm	ptly! This is allowing us to do the pre-surgical hysical, and give your pet the appropriate pain ery between noon and 1pm. We will call you today. At that time we will give you a pick up
Please <u>read</u> (carefully and sign below	
Pre-Surgical	<u>Bloodwork</u>	
administering a purpose of ens pre-op blood p evident on a ph	anesthesia. However, we highly recor uring your pet to be in a low risk cate rofile we will be able to rule out some	will perform a full physical examination on your pet before nmend a pre-op blood panel to be performed for the gory during anesthesia. By performing this important e possible pre-existing internal conditions that may not be blications with anesthesia. There is an additional fee of
Please indicate	your choice below by signing	
Yes , Please do	the pre-surgical screen on my pet:	
No , I decline th	e pre-surgical bloodwork:	
HomeAgain	Pet Microchip Identification Sys	<u>stem</u>
the size of a gra are put to sleep	ain of rice and sits between the shoul o because shelters are unable to iden	your pet for permanent identification. The microchip is der blades. Every year more than 10 million dogs and cats tify them and locate their owners. The additional cost for e in the Companion Animal Recovery Database for the life
Please indicate	your choice below by signing	
Yes , I would lik	e to have my pet microchipped today	r:
No , I do not wi	sh to microchip my pet/my pet has a	microchip: