

**Surgery Consent Form**

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

I am the owner, or agent for the owner, of the animal named above and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_

I understand that during the performance of the foregoing procedure(s) or operation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s), or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

My pet

- HAS NOT had** food or water after 10 p.m. last night
- HAS had** food or water after 10 p.m. last night

Owner also realizes that hidden medical problems may manifest themselves by surgery. These medical problems may not always be obvious to the owner or the veterinarian. Therefore, ***presurgical blood tests are recommended to make anesthesia as safe as possible.***

- Yes**, I want presurgical blood testing for my pet. (The cost is \$94.00)
- No**, I do not want presurgical blood testing for my pet

If a tumor is being removed from your pet, we suggest histopathology be done to determine if the growth is benign or cancerous.

- Yes**, I want histopathology. (The cost is \$142.00 for the first mass less than or equal to 6 cm, \$55.00 for each additional mass less than or equal to 6 cm, and \$178.00 for specimens greater than 6 cm.)
- No**, I do not want histopathology.

Microchip

- Yes**, I would like to have my pet permanently identified through the implantation of the HomeAgain Microchip. I understand the cost is \$59.00
- No**, I do not want my pet microchipped today.

I have read and understand this authorization and consent.

**Signature of Owner/Agent** \_\_\_\_\_ **Date:** \_\_\_\_\_

Telephone number where I can be reached today: \_\_\_\_\_