

Surgery Consent Form for Canine/Feline Pets < 1 Year of Age

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

Dental Sealant (Oravet)

- Yes**, I would like to have dental sealant (Oravet) applied to my pet's teeth. I understand I will need to apply Oravet plaque prevention gel weekly. The cost is \$54.75 for the sealant application and \$33.00 for an 8-week supply of the home-care gel.
 No, I do not want dental sealant (Oravet) applied to my pet's teeth.

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: _____