



## Consent Form

Procedure(s) to be performed: \_\_\_\_\_

I, the undersigned owner or agent of the pet identified above, authorize the staff of \_\_\_\_\_ to perform the above procedure(s). While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A complete physical exam will be performed on your pet prior to the procedure(s). However, this may not identify all systemic or metabolic problems. For this reason, we strongly recommend a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia.

- Comprehensive Screen: Advised for pets with health issues or those over 9 years of age. Includes a 15 value chemistry panel evaluating kidney and liver function, blood sugar level and electrolytes in addition to a complete blood count to check for anemia, platelets and inflammation.
- Mini-screen: Advised for healthy pets under 9 years of age. Similar to the comprehensive screen, but less complete. Includes a 10 value chemistry panel and complete blood count.
- Add T4: Evaluates thyroid function.
- Decline all bloodwork.

**Dental:** I give my permission (yes)  or I do not give my permission (no)  for extractions to be performed at the doctor's discretion. I understand that there is an additional charge for extractions on a per tooth basis.

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

**I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies.**

**In the event of an emergency, I select the following resuscitation option:**

- I give permission for life sustaining procedures - **CPR (Cardiopulmonary Resuscitation)**
- I do not give permission for life sustaining procedures - **DNR (Do Not Resuscitate)**

I have read and fully understand the terms and conditions set forth above.

Phone number(s) at which owner can be reached today or tomorrow:

Questions/concerns for doctor: