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***Surgery Consent Form***

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_

207 S. 4th Avenue Hartford, AL 36344 Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_

334-588-2030 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

\* I am the owner/agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the use of anesthesia, pain medication, and the performance of the following procedure(s):

 General Sedation  Spay  Neuter  Dental  Mass Removal

 Declaw  C-Section  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ($ ) |



Prep Geriatric

 \_\_\_\_\_\_\_\_\_ Laser Treatment \_\_\_\_\_\_\_\_\_ Bloodwork \_\_\_\_\_\_\_\_Pathology

($ ) ($ ) ($ )

\*I also consent to the performance of any medical treatment deemed necessary by the veterinarian to preserve the life of my pet and will be responsible for the costs of such.

**Signature of owner or agent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*\*\*PLEASE READ THE FOLLOWING CAREFULLY\*\*\*\***

**DENTALS**

**Extractions:** It can be difficult to predict if teeth need extraction when an animal is awake because tartar and movement interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infection for other organ systems (liver, kidney, lungs, and heart). During the dental cleaning, the teeth are evaluated, and if found to be diseased they will require an extraction or referral to a dental specialist for repair. The cost of extractions varies depending on the amount of time taken and the difficulty of the extraction and can range from $ to $ per tooth.

I authorize all medically necessary extractions be performed. I understand that by signing I am giving full permission to pull whatever teeth deemed necessary to maintain the health of my pet.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*Explanation of Procedures\*\*\*\*\*\***

**Therapy Laser ($\_\_\_\_\_\_\_\_\_\_\_):** Therapy laser is a painless procedure that helps stimulate tissue regeneration and promotes cell growth. This will result in both decreased healing times and decreased pain for your pet.

**Pre-anesthetic & Geriatric Blood Work:** Your pet is scheduled for a procedure that require anesthesia. Our greatest concern is the well-being of your pet. Before surgery, a veterinarian will perform a complete physical exam to identify any existing medical conditions that could complicate the procedure or compromise your pet’s health. Because there is always the possibility a physical exam along may not identify all health problems, we recommend for all pets to have this bloodwork.

**For** **pets 6 years and younger this blood work is optional for an extra ($\_\_\_\_\_\_\_\_\_\_\_\_).** This profile is like one your own doctor would run if you were to undergo anesthesia. It is important to understand that a pre-anesthesia profile does not guarantee the absence of anesthetic complications. It does, however, assist us in identifying any conditions that may complicate the use of anesthesia, reducing the risks for your pet.

**PETS 7 YEARS OF AGE AND OLDER ARE REQUIRED TO HAVE THE GERIATRIC BLOOD WORK ($\_\_\_\_\_\_\_\_\_\_)**

I request you proceed with anesthesia. I understand that a medical condition may exist that may not be identified by a physical exam alone. I understand my pet’s health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

**Mass Removal: *(THIS ONLY NEEDS TO BE FILLED OUT IF YOUR PET IS HAVING A MASS REMOVAL SURGERY)***

We recommend that all masses are submitted to the lab for microscopic evaluation by a pathologist. It is essential for us to ascertain if a mass is malignant cancer or not and, if so, how aggressive it is. Usually only one sample is submitted: the pathology lab fee is currently $\_\_\_\_\_\_\_\_\_\_\_\_\_ for 1 sample and increases with additional samples submitted (please ask doctor for costs associated with multiple samples).