



SURGERY / PROCEDURE CONSENT FORM

TO: Foothills Veterinary Hospital, P.C.

OWNER: _____

DATE: _____

PET NAME: _____

BREED: _____

PHONE NUMBER WHERE YOU MAY BE REACHED TODAY: _____

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

SERVICES TO BE PERFORMED: _____

_____ **INITIAL:** _____

I understand that during the performance of the foregoing operation(s) or procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing operation(s) or procedure(s) or different operation(s) or procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such operation(s) or procedure(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 and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

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

Recent advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Occasionally complications can arise due to preexisting conditions not evident during routine physical exam. To better predict and prevent potential complications, Foothills Veterinary Hospital, P.C. **recommends** that all pets have pre-anesthetic blood-work prior to surgery. A pre-anesthetic panel is **required** for pets aged 7 years and older, have previous illness or taking long term medications.

PRE-ANESTHETIC PANEL?: YES _____ NO _____ (**Additional Cost of \$37.75**)

Send sample off for biopsy?

YES _____ NO _____
Initials of Owner/Agent Initials of Owner/Agent

Implant Microchip for permanent identification?
(**Additional Cost of \$49.00**)

YES _____ NO _____
Initials of Owner/Agent Initials of Owner/Agent

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

I have read and understand this authorization and consent.

Signature of Owner/Agent

Witness