



Surgical Consent Form

Date: _____

Client Name: _____ Patient ID# _____ Pet's Name _____

Client Numbers for **TODAY** (H): _____ Cell: _____

Procedure(s): _____

Pre Anesthetic Physical Exam, IV fluids, and anesthetic monitoring (>\$150 value) is included in our anesthetic/surgical prices.

Pre Anesthetic Blood Work Pre-anesthetic bloodwork checks the internal organs, blood count, and clotting abilities of your pet and is a vital part of safe anesthesia. We require current blood work prior to anesthesia or sedation to ensure we are making this procedure as safe as possible for your pet.

Additional Services While Under Anesthesia:

Canine:	Feline:
<input type="checkbox"/> Rabies (1 yr \$18/ 3yr \$30) <input type="checkbox"/> DAPP (distemper/parvo) (\$30) <input type="checkbox"/> Lepto (\$21) <input type="checkbox"/> Bordetella (kennel cough) (\$25) <input type="checkbox"/> Heartworm Test (\$30) <input type="checkbox"/> Other _____	<input type="checkbox"/> Rabies (1 yr \$25/3yr \$60) <input type="checkbox"/> FVRCP (\$30) <input type="checkbox"/> Feline Leukemia (\$30) <input type="checkbox"/> Other _____ <input type="checkbox"/> FeLV/FIV Test (\$35)
<input type="checkbox"/> Microchip (\$50) <input type="checkbox"/> Ear Cleaning (\$15) <input type="checkbox"/> Nail trim with filing (\$22)	<input type="checkbox"/> Express Anal Glands (\$15) <input type="checkbox"/> Fecal Test (\$22) <input type="checkbox"/> Laser Treatment (\$14)
<input type="checkbox"/> Other: _____ _____ _____	

ANESTHESIA/SEDATION/PROCEDURE AUTHORIZATION Please initial after each statement below:

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian. _____

I understand that I assume financial responsibility for all services rendered. _____

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures. _____

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Townsend Animal Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is a small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Townsend Animal Clinic, the veterinarians, or any staff member liable for any complications that may arise. _____

I have read and understand this authorization.

Owner/Authorized Agent Signature _____ Date _____

Technician/DVM witness initials _____