



Veterinary Surgical Consent Form

Owner Name: _____ Pet Name: _____

Age: _____ Sex: _____ Surgical Procedure: _____

Surgery Date: _____ Time of drop off: _____ Owner Phone No: _____

Has your pet eaten food or had water this morning? Yes No

Does your pet have fleas, ticks or mites? Yes No

(if fleas are discovered on your pet, a capstar will be given at an additional cost of \$7 to ensure the hospital stays flea free.)

Is your pet up to date on vaccines? Yes No

Has your pet been tested for heartworm disease (canines) Yes No

If no, would you like to have this done prior to surgery \$47.97 Yes No

Has your cat been tested for Felv/FIV? (feline leukemia/aids) Yes No

If no, would you like to have this done prior to surgery \$68.35 Yes No

Has your pet been microchipped? Yes No

If not, would you like one placed \$49.61 Yes No

Would you like blood labs done prior to surgery at an additional cost of \$132.00 Yes No

In case of an emergency would you like for us to resuscitate your pet? If yes please know that cost can be between \$100-\$300 Yes No

Has your pet ever had any problems linked to surgical procedures ie. seizures, diarrhea, vomiting, etc.?

Does your pet have any allergies? _____

An Elizabethan collar is available for an additional cost, this will keep your pet from re-opening the site.

Would you like to add it to the cost? _____

I understand that any anesthesia involves some risk to my pet and I agree that I will not hold the assistant or doctors liable or responsible in any manner for the injury, escape or death of my pet in connection with the procedure. I will discuss any questions or concerns that I have with my veterinarian before the procedure. I grant my consent for this procedure. I agree to pay in full for the services rendered.

Signature _____ Date _____