## **Harvest Hills Veterinary Hospital**

## **Surgery Consent Form**

Age: Weight:

Client Name:	
Telephone:	

Patient Name:

Sex:

## Procedure: \_\_\_\_\_

Preanesthetic bloodwork will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. This consists of CBC, which will check blood cells, and a chemistry, which will check blood glucose kidney and liver enzymes, and protien levels. We highly recommend a blood profile be done for all animals. It is **required** for patients over 7 years of age.

There is an additional charge for these blood tests:

- Routine Surgeries are \$98.87 (neuter)
- Major Surgeries are \$162.50

Yes, complete the recommended bloodwork (additional charge)	)
No, I have elected to decline bloodwork	

## Please check below if your pet needs any of these services:

•	Microchip	and	<b>Registration:</b>	Yes 🗌	No 🗌
---	-----------	-----	----------------------	-------	------

- Annual Vaccines with Heartworm test/fecal: Yes No
   No
- Nail Trim under sedation (No charge) Yes 🗌 No 🗌
- Send samples to outside lab (For mass removals) Yes 
  No

Your pet will be undergoing general anesthesia for a surgical procedure today. By signing below you understand that during the performance of this procedure, unforseen conditions may necessitate an extension of the procedure or different procedure(s) than those set forth above. Therefore, I consent to the performance of such procedures as are necessary in the exercise of the veterinarians professional judgement. I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedure and the risks involved. I realize that results cannot be guaranteed.

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

Phone number(s) where we can reach you today: \_\_\_\_\_