**Surgical Consent**

**For Patient Over 7 years of Age.**

**Pre-Anesthetic Blood Testing / Surgical Consent Form**

Pet Name:

Owner Name:

Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

Like you, our greatest concern is for the well being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. In addition, we recommend and offer the following options.

·For pets over seven (7) years of age, we require a **pre-anesthetic Blood Profile** to be performed prior to surgical procedures. This enables us to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease, which could complicate the procedure and put your pet at additional risk. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. The cost of these tests are $102.00.

Initials\_\_\_\_\_\_

·**ECG (electrocardiogram)** is offered and recommended for all patients with previous or concurrent heart disease or arrhythmias, animals over 7 years of age, and certain breeds (such as Boxer, Doberman, Cocker Spaniel, Poodle, Cavalier King Charles) that have known predisposition for disease. The cost of a pre-surgical ECG is $60.00.

YES NO Initials\_\_\_\_\_\_

··If the doctor deems it necessary, post-operative pain medication will be administered for an

additional $21.50 and up per injection charge. (Ex: almost all de-clawed cats require pain medication, but is not

needed for most animals receiving a dental cleaning. ) Anti-inflammatory / pain medication may be recommended for your pets comfort at discharge. This generally costs $25-50.

Initials\_\_\_\_\_\_

I am the owner, or agent for the owner, of the above described animal and have the authority to execute this consent. I hereby authorize Lakeland Animal Hospital, P.C. to perform the above procedure and additional diagnostic treatment, and/or surgical procedures as deemed necessary for my pet. I assume full financial responsibility for this animal. I understand there are always potential risks when using anesthesia or performing surgery on an animal. The nature of the procedure has been explained to me and no guarantee has been made to me as to the results or cure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Authorizing Agent Signature Pnone # (s) where I can be reached today