

## Surgery Consent Form

Pet's Name: \_\_\_\_\_ Procedure: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact number: \_\_\_\_\_  
Can we text you? Yes No

**Note: If females are pregnant or in heat there is an additional charge for spay. If your pet is pregnant do you want us to:** Spay (this will terminate the pregnancy) Not perform Procedure

### Pre-operative Blood Screen

Your pet is having a surgical procedure done that will require a sedative and/or anesthesia. We highly recommend that a pre-operative blood screen be performed to ensure the risks of anesthesia to your pet be kept to a minimum. This important blood panel allows us to determine if there are any underlying problems that might lead to complications during or after anesthesia. **There is an additional \$45 fee for this testing. Please indicate your choice on the line below.**

Yes, I do No, I do not authorize Hillside Veterinary Hospital, PLLC to perform a pre-operative blood screen on my pet.

<p><u>Additional Elective Procedures</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Microchip implant \$39</li><li><input type="checkbox"/> Nail Trim \$12</li><li><input type="checkbox"/> Fecal \$27</li><li><input type="checkbox"/> Anal Sac expression \$16</li><li><input type="checkbox"/> Ear cleaning and medicate \$33</li><li><input type="checkbox"/> Heartworm/Lyme/Erlichiosis (dogs) \$45</li><li><input type="checkbox"/> Leukemia/FIV combo (cats) \$50</li><li><input type="checkbox"/> Pain Medication (varies)</li></ul>	<p><u>Vaccines Needed</u></p> <p><u>Dogs-</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Rabies \$25</li><li><input type="checkbox"/> Dhpp \$24</li><li><input type="checkbox"/> Bordetella \$24</li><li><input type="checkbox"/> Canine Influenza \$ 24.50</li><li><input type="checkbox"/> Lyme \$31</li></ul> <p><u>Cats-</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Rabies \$25</li><li><input type="checkbox"/> 4 in 1 \$24</li><li><input type="checkbox"/> Leukemia \$24</li></ul>	<p><u>Additional Surgery Requested</u></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Dental</li><li><input type="checkbox"/> Tooth Extraction</li><li><input type="checkbox"/> Extract baby teeth</li></ul> <p>Wart Lump Removal Location _____ Size: _____ Number: _____</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Umbilical hernia</li><li><input type="checkbox"/> Dewclaw removal (dogs)</li><li><input type="checkbox"/> Declaw front feet (cats)</li></ul>
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**Vaccination Decline:** I understand that state law requires the rabies vaccine for all pets. I decline vaccinations at this time because vaccinations were given elsewhere and are current. If my pet bites another animal or person while at Hillside Veterinary Hospital, PLLC, I can and will provide written evidence of a current rabies vaccination within 24 hours notification to do so.

Date: \_\_\_\_\_ Owner/agent: \_\_\_\_\_

**Owner release:** I hereby certify that I have read and fully understand this authorization of treatment/surgery for my pet. I understand that all anesthetic procedures involve some risks and that results cannot be guaranteed, but that normal precautions will be taken to ensure that Hillside Veterinary Hospital, PLLC will do everything they can to protect my pet's well-being. I will not hold Hillside Veterinary Hospital, PLLC, its employees or assigns liable for any undue complications arising from the performance of such anesthesia and procedure. I assume all financial responsibility for these procedures and understand that full payment is due at the time my pet is discharged from the hospital.

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