

Surgical Consent Form

Date _____

Owner's Name _____ Patient's Name _____ Species _____ Sex _____

Phone: Home _____ Work _____ Cell _____ Other _____

As the owner or agent of the owner of the above animal, I hereby give my consent to Norris Animal Hospital to perform the following procedures:

* _____ * _____ * _____

Dental Extractions:

I understand that during routine dental cleanings, it is sometimes necessary to perform routine/surgical extractions. I also understand that there is an additional fee for additional extraction(s).

Routine Extractions

_____ **YES**, extract as needed

_____ **No**, Call first to confirm

Surgical Extraction

_____ **YES**, extract as needed

_____ **No**, Call first to confirm

Laboratory Tests Waiver

If your pet is to be anesthetized, rest assure that advances in anesthesia and surgery have made procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine preanesthetic examinations.

To avoid these problems, we highly recommend that all surgical patients be screened before anesthesia by means of the following laboratory tests.

Please select one of the following:

Approve____ Decline____ Preanesthetic Panel: Kidney & Liver Enzymes, Blood glucose, Total Protein, CBC, & Electrolytes

Approve____ Decline____ Feline Leukemia/FIV Test (Sent out the Antech Labs overnight)

Approve____ Decline____ Heartworm Occult Test

Approve____ Decline____ Intestinal Worm Check and Stool Analysis

Approve____ Decline____ Microchip Pet Identification

Owner/Agent Signature _____

Date _____