

## FALLS VILLAGE VETERINARY HOSPITAL SURGICAL/ANESTHESIA CONSENT FORM

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I can be reached today: \_\_\_\_\_

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

I, the owner or legal agent of this pet, authorize the veterinarian and staff at this hospital to perform the above procedure(s). I understand that there are risks with any anesthesia and surgery. My signature on this form indicates that I understand the procedure that will be performed, the possible complications and have received an estimate of the costs involved in this procedure.

**We require the Pet Health Screen I** before anesthesia and surgery to ensure that your pet is healthy. These tests are similar to those your physician would perform for you. In addition, these tests will serve as reference values for future use should your pet become ill. We **recommend** the other Pet Health Screens as your pet ages. The complete blood count assesses anemia, infection and clotting. The pre-operative panel assesses the health of the kidneys and liver, status of hydration and blood sugar levels. Electrolyte levels demonstrate acid-base balance and the thyroid level determines the level of circulating thyroid hormone.

### **Pet Health Screen I**

*Required in all patients*

Hematocrit  
Pre-operative panel  
**Cost \$55**

**Initial** \_\_\_\_\_

### **Pet Health Screen II**

*Recommended for ages 3 to 7 years old*

Complete Blood Count  
Pre-operative panel  
Electrolytes  
**Cost \$90**

**Initial** \_\_\_\_\_

### **Pet Health Screen III**

*Recommended for Patients > 7 years*

Complete Blood Count  
Pre-operative Panel  
Electrolytes  
Thyroid test

**Cost \$130    Initial** \_\_\_\_\_

If this surgical or dental procedure leads to post-operative pain, it will be necessary to give your pet pain medication. There will be a charge for this medication.

If further problems are detected while your pet is under anesthesia, please choose an option as to how they should be handled:

- { } **Do whatever is necessary.**
- { } **Contact me prior to any additional procedures.**
- { } **Do only as I have authorized.**

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment at the time that services are rendered.

**Owner or authorized agent:** \_\_\_\_\_

**Receptionist:** \_\_\_\_\_