

Hickman Veterinary Hospital

Surgical And Anesthesia Consent Form

I am the owner or agent for the below described animal, and I have the authority to execute this consent.
I hereby consent and authorize this hospital to perform the following procedures or operations:

_____.

The nature of the above described operations or procedures have been explained to me, and I understand what will be done. I acknowledge that no guarantee has been made regarding the results of the surgery or procedure my pet will receive. I understand that during the performance of the forgoing procedure, unforeseen conditions may necessitate an extension of the procedure (s), or a different procedure (s) than set forth above. Therefore, I consent to and authorize the performance of such procedures as are deemed necessary and desirable in the exercise of the veterinarian's professional judgment. I understand that I am responsible for any additional charges incurred. X_____ (initial)

I understand that due to unforeseen circumstances, additional medications may be required. These medications may be administered to your pet by the veterinarian, or sent home with you in the form of a prescription. I understand that I am responsible for any additional charges incurred. X_____ (initial)

Pain Control – **A single injection for pain (AFTER surgery) is administered to all surgical patients.** No other pain medication is needed unless prescribed by your pet's doctor. X_____ (initial)

For spays only, if your pet is found to be in-heat, a \$28 fee will apply. If your pet is found to be pregnant, a minimum of a \$46 fee will apply. (If your pet is being spayed and is found to be pregnant, the pregnancy will be terminated in order to complete the spay. If this is not your wish, please let us know NOW and request an ultrasound) X_____ (initial)

I understand that my animal will be placed under anesthesia. Anesthetic drugs may depress the heart or lungs ability to function normally. These drugs are eliminated from the body by a combination of the lungs, liver, and kidneys. Due to these factors, complications during anesthesia could arise. Despite our best efforts, these complications could result in the serious harm or death of the animal.

To minimize the risk of complications and provide the highest level of care possible, the following additional procedures are recommended:

Please indicate your choice by initialing below

_____ **Pre Operative Blood Work (includes heartworm test or felv / fiv test) \$106****

_____ **Pre Operative Blood Work (no heartworm / Felv /Fiv test) \$70**

_____ **Heartworm Test Only \$56**

_____ **Feline Leukemia / Feline Immunodeficiency Virus test Only \$56**

_____ **I would like to decline the recommended blood work at this time**

Owner or Owner Agent Signature

Date