

# Surgical and Dental Consent Form

-Please complete the entire page-

Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Oakdale Animal Hospital to perform the following procedure(s):

Spay  Neuter  Declaw  Dewclaw Removal  Other: \_\_\_\_\_

Dental -  Do whatever is needed to give my pet a healthy mouth.

This includes extracting any problematic teeth. I am aware that there will be additional fees that I am responsible for.

Contact me before doing any additional dental procedures.

Do not do anything beyond routine teeth cleaning.

Growth Removal - Would you like Histopathology performed on the growth for an additional fee?

\_\_\_\_\_ Yes, I want histopathology performed. \_\_\_\_\_ No, I do not want histopathology performed.

Is your pet allergic to any specific medications?  No  Yes, please list \_\_\_\_\_

Please list any medication(s) your pet is currently taking and when they were last given:

Did your pet eat this morning?  No  Yes

Any vomiting, coughing or diarrhea?  No  Yes

\_\_\_\_\_ I understand that if my pet is in heat or pregnant there will be an additional cost of \$46.40 - \$65.50.

\_\_\_\_\_ All SHELTER surgical procedures will have an additional fee for send home pain medications that I am responsible for.

\_\_\_\_\_ I agree that if my pet has fleas or ticks he/she will be treated at my expense.

\*\*\*In order to offer the best medical care possible, we recommend a pre-anesthetic blood screen for all pets undergoing an anesthetic procedure. **ANESTHESIA CARRIES SOME RISK** (even though it may be small). This blood screen will evaluate your pet's liver and kidneys. These organs remove the anesthetic agents from your pet's body. This blood screen will allow us to take necessary precautions if any abnormalities are detected. **The cost for pre-anesthetic blood screen is \$53.60.**

**YES**, I want my pet to have the pre-anesthetic blood screen.

**NO**, I do not want the pre-anesthetic blood screen at this time. I agree that I will not hold OAH or its agents liable from resulting complications.

**YES**, I want my pet to receive an anti-nausea injection while hospitalized. This injection will reduce or eliminate vomiting commonly associated with anesthesia. Many pet owners will notice their pet is more comfortable and more eager to eat during recovery at home. The anti-nausea injection of Cerenia has a cost of \$22.

**NO**, I do not want my pet to receive an anti-nausea injection.

While under anesthesia, it is an opportune time do other procedures. Would you like to have any of the following procedures performed at this time: (Please circle one)

**YES NO Therapeutic Laser Treatment (\$11.10)** - This treatment stimulates the damaged tissue, instantly jump starting the healing process. (Reducing pain, swelling and decreasing likelihood of infection)

**YES NO Microchip (\$83.70)**

**YES NO Dremel Nails (\$20.10)**

**Other:** \_\_\_\_\_

## Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Anesthetic and medical or surgical procedure(s) to be performed: \_\_\_\_\_

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am \_\_\_\_\_  
I am not \_\_\_\_\_ (check one) eighteen years of age or older and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during the nighttime hours and/or weekends is provided during this duration of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to a) \_\_\_\_ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or b) \_\_\_\_ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (initial one).

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

I authorize the performance of medical and/or surgical procedures on the aforementioned pet. I also authorize the use of such anesthesia as deemed advisable in the performance of such surgical or therapeutic procedures. I understand that, during the performance of this procedure(s), unforeseen conditions may arise that necessitate further intervention(s). Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary in the veterinarian's professional judgment. I have been advised as to the nature of the procedure(s) and the risk involved. I realize that the results cannot be guaranteed. I have read and understand this authorization and consent. I also agree to pay all charges at the time my pet is discharged.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date