

Surgery & Hospitalization Consent/Pre-Anesthetic Testing Form

Client First and Last Name _____

Pet Name _____

Date _____

Procedure/Operation

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.

I hereby consent and authorize the doctors and staff of Oakwood Hills Animal Hospital to perform the above procedure.

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medications as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I authorize you to proceed as needed during the procedure. Our staff will attempt to call you if significant new findings are discovered while under anesthetic.

Signature _____ Date _____

For pets being admitted to Oakwood Hills Animal Hospital for anesthesia/surgery, we will perform a full physical exam prior to administering anesthesia. We also recommend pre-anesthetic tests be performed for the purpose of insuring your pet to be in a low risk category during anesthesia by ruling out pre-existing internal problems that may not be evident physically, but could possibly lead to complications. Please feel free to discuss blood work options with your doctor at your appointment.

PROFILE 1 - Young Healthy Pet - Cost: \$116.00 * I APPROVE PROFILE 1

Complete Blood Count (assessment for infection, anemia, clotting ability)
Standard Organ Assessment (kidney and liver function, protein and glucose values)
* (\$95.00 Lab Fee + \$16.50 Specimen Collection Fee + \$4.50 Biohazard Disposal Fee)

PROFILE 2 - Senior (over 8 years) or Sick Pet - Cost: \$211.00 * I APPROVE PROFILE 2

Complete Blood Count (assessment of infection, anemia, clotting ability)
Standard Organ Assessment (kidney and liver function, protein and glucose values)
Electrolyte Panel
Urinalysis (checks for undetected urinary infection)
* (\$190.00 Lab Fee + \$16.50 Specimen Collection Fee + \$4.50 Biohazard Disposal Fee)

I elect to decline the recommended pre-anesthetic blood work _____ (please initial)

Laboratory testing has been done recently

Phone numbers where we can contact you: 1st number _____

2nd number _____