Date: ____ / ____ / _____

Surgery Consent Form

Patient's Name: _____ Client's Name: _____

Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver and kidneys, are not detected unless blood screening is performed. Pre-Surgical blood screening will check the status of your pet's liver and kidney functions as well as their glucose level and any bleeding disorders.

I authorize the pre-surgical blood screening for <u>an additional $120</u>.

<u>REQUIRED FOR PETS OVER THE AGE OF 7**</u>**

★ Yes _____ No _____ ★

Surgical Procedure:

- ☐ Ovariohysterectomy (Spay)
- ☐ Orchidectomy (Neuter)
- ☐ Other: _____

Other Services Needed:

_____

_____

I understand that if retained baby teeth are discovered at the time of my pet's procedure, they will be extracted at the owner's expense for prevention of dental disease. ($10/tooth)

★ Initials _____ ★

★ **<u>An E-Collar will be placed on your pet and sent home to protect them from licking/chewing their incision. Your pet will receive an injectable pain medication after their procedure for pain control. You will also be sent home with post-operative pain medication to start the following day.</u>** ★

I am aware of the risks involved with anesthesia and understand the information presented in this Surgery Consent Form. I give Hannibal Veterinary Clinic veterinarians and staff permission to proceed with the surgical procedure. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization. I understand that all veterinary services are to be paid for at the time such services are provided.

Should unexpected life-saving emergency care be required in my absence, I want the doctors and staff to:

★ **O** Resuscitate my pet **O** DO NOT resuscitate my pet ★

See Attached for Surgical Estimate

Owner/Agent Signature: _____

Phone number where you can be reached **DURING** the surgery: _____

Updated 01/25/2025