

Surgery Consent Form

Owner's name: _____ Pet's name: _____

Procedure(s) we are doing for your pet today: _____

When did your pet last eat? _____

Is your pet current on all vaccinations? _____

Has your pet shown any signs of illness in the last 24 hours? _____

Do you have any other concerns that you would like addressed today? _____

Would you like your pet microchipped today? _____

Would you like your pet to be sent home with any medications? _____

Is your pet on any medications/supplements? List these and the last dose of each one given.

Any history of serious health concerns or adverse reactions to anesthesia? _____

Student Participation-

We welcome veterinary students to our clinic to observe and participate in the treatment of pets under direct veterinary supervision. What is your preference for your pet?

Observation only _____ Hands on participation _____

Continued on back of page

Preoperative Testing-

Preoperative blood work is valuable in determining how well your pet can metabolize drugs and anesthetic agents. Assessing any underlying abnormalities will allow us to determine if your pet is healthy enough for surgery as well as limit risk and complications. No preoperative test can detect all potential healthy risks, but it can help make surgery safer, and it won't be performed unless deemed necessary, or it's requested by you. Additional costs apply.

(Initial) I do _____ or do NOT _____ wish to have blood work performed on my pet.

Infectious Disease Waiver-

We pride ourselves in providing a clean and safe environment for your pet during their stay with us. We request that all pets have a current rabies vaccination at least 48 hours before a surgical procedure or hospitalization. Ideally, all vaccinations should occur at least 2 weeks before any surgery to stimulate the immune system properly.

If we find any parasites on your pet, we'll recommend treatment to protect your pet and our facility.

We also do our best to keep our clinic clean by disinfecting kennels, surgical equipment, and floors. As with any infectious disease, some pets may still contract an illness despite our best efforts. Additional medication costs due to infectious disease will be the responsibility of the owner.

I have read and fully understand this Wildcat vet Services infectious disease waiver; and, I authorize any vaccination or treatment of parasites as deemed necessary by the veterinarian.

(Initial) _____

CPR (Cardio-Pulmonary Resuscitation) Status

Should your pet experience cardiac or respiratory arrest while being hospitalized today... I agree to cardiopulmonary resuscitation being performed in case of emergency. By consenting to this service, I am acknowledging that certain additional costs apply. If I cannot be contacted immediately, resuscitation efforts will be performed at the veterinarian's discretion.

(Initial)

YES Resecetate_____; or DON'T Resecitate_____; or at the Veterinarian's Discretion_____

Agreement

I have read and understand this form and hereby accept and agree to the terms of this Surgery Consent Form. As the legal owner, I accept the risks associated with having my pet undergo both surgical and anesthetic treatment. These risks may include (but are not limited to) bruising, transient cough, paresis, paralysis, incontinence, adverse events, anaphylaxis, or death.

Signature: _____ Date: _____

Best contact number to be reached at today: _____