

Surgical/Anesthesia Consent Form

Please read and fill out entirely

Owner: _____ Patient Name: _____
Address: _____ Breed: _____
City: _____ State: _____ Zip: _____ Sex: _____

Telephone number(s) that you can be reached at today: _____

Did your pet eat this morning? Yes _____ No _____ Unsure _____ Time: _____
Please list any medication your pet received this morning along with the time it was administered:

It is standard protocol at Heartland that while an animal is anesthetized their nails will be trimmed and their ears will be cleaned and flushed with ear cleaner. If you would like our staff to perform anything else, we will be more than happy to do so. Please initial next to those procedures you would like to have done while anesthetized.

_____ Ear Hair Pulled (\$20.00) _____ Anal Glands Expressed (\$28.99) _____ Trim Paw Pads (\$24.00)
_____ Sanitary Trim (\$27.00) _____ Trim Facial Hair (\$17.00) _____ Microchip (\$58.99)

I hereby authorize performance of the following procedure(s): _____ PLEASE INITIAL: _____

Would you like an estimate for these services? PLEASE INITIAL YES _____ NO _____

I understand that Heartland Animal Hospital **requires** that the rabies vaccine be current at the time of the procedure(s), according to South Carolina law. It is Heartland policy that we also perform a fecal centrifugation to check for worms and parasites the morning of surgery if we haven't checked one at Heartland in the last 30 days. If vaccinations are not current, or proof cannot be provided, they will be administered to your animal at the time of admission.

Cost of Fecal Centrifugation: \$35.99 Date of last Rabies Vaccine _____

Is your pet on heartworm prevention? YES _____ NO _____ If not, we recommend a heartworm test (\$53.49) prior to anesthesia.
Please initial if you would like a heartworm test done today _____

For all surgical procedures that involve full anesthesia, we require your pet to have a pre-anesthetic blood work panel performed prior to being anesthetized. The cost of this panel is \$104.49

PLEASE INITIAL your understanding of this _____

Ovariohysterectomy (spay) only: An additional charge of \$53.00 will be assessed for any patient that the doctor determines to be in heat, pregnant, mature adult or with excess mammary development. **Please Initial** your understanding of this _____

The nature of such service has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results of cure. I understand all anesthesia includes a certain amount of risk, including death, and that Heartland Animal Hospital, its doctors, and staff, cannot guarantee any outcome. I also understand the possible use of off-label medications may be warranted during the care of my pet. I certify that I own or have authorization from the owner of the above described animal and I do hereby consent and authorize Heartland Animal Hospital, and its staff, to hospitalize my pet and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the doctors deem necessary for the health, safety, or well-being of the above named animal while it is under their care and supervision.

I further realize that I am responsible for payment for the procedures and treatments in full at the time the animal is discharged.

Owner or Agent of Owner's Signature: _____

Date: _____

Admitted by: ___SX Tech___: Cath Placed___ Cath Removed___
Bandage Removed___ Owner Remove___
O Called by _____ for pick up @ _____ :: E-Collar: YES NO ::
Recheck: ___ days/ weeks/ prn