

Leonard-Sykes Hospital For Pets
908 S. Kerr Ave
Wilmington, NC 28403
910-791-8426

SURGICAL CONSENT FORM

Owner Name: _____ Pet Name: _____ Date: _____

I hereby give my consent to the doctors/staff to perform the following surgical procedures, I understand that if complications arise additional treatment may be necessary. Dental extractions may be performed when the doctors feel it is medically necessary.

Procedure: Spay___Neuter___Declaw___Dental___Growth Removal___
Extractions___Sedation___Other_____

PRE-SURGICAL ANESTHETIC BLOODSCREEN

It is advisable to perform pre-anesthetic bloodwork before surgery on older or at risk pets. The bloodscreen will determine whether your pet can safely metabolize the anesthesia.

Bloodwork___Yes___No

MICROCHIP

Microchips are a permanent way to indentify your pet. Please consider having your pet microchipped while here for scheduled procedures.
(\$10.00 off Surgery if pet gets a Microchip)

Microchip___Yes___No

FIV/FELV COMBO TEST

The FELV virus and FIV virus are immune deficiency diseases which may spread if undected.

Test my pet___Yes___No

I agree to be financially responsible for all services that are provided by Leonard-Sykes Hospital For Pets.

Sign Here: _____ Phone: _____

****IF YOU NEED AN ESTIMATE BEFORE SERVICES RENDERED PLEASE ASK RECEPTIONIST BEFORE SIGNING CONSENT FORM*****