

**Animal Medical Clinic of Gulf Gate**

**Surgical Consent Form**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Phone #'s where you can be reached TODAY: \_\_\_\_\_

As owner/agent of the above pet, I hereby consent and authorize the following procedure(s):

\_\_\_\_\_

I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. I understand that if my pet's condition changes, the staff will attempt to contact me before any procedures not listed above are performed. However, if I cannot be contacted and if the animal's condition warrants, I give permission for further treatment and/or tests to be performed, as the doctor deems necessary. I also understand that there are no guarantees expressed or implied that the procedures authorized will be without complications beyond the veterinarian's and hospital's control.

**Pre-Surgical Blood Screening**

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full examination. We also will run a pre-surgical blood profile to maximize patient safety and alert the doctor of any health problems that could complicate the procedure.

\* I am aware that if my pet has fleas or ticks, it will be treated and I will be responsible for the charge.

\* I am aware that there will be an additional charge if my pet is pregnant or in heat.

\* I understand that my pet's nails will be trimmed. (This is done at no charge)

\* I understand that my pet's leg WILL BE SHAVED today for the placement of an IV Catheter.

\* I understand that if this is the first visit for my pet, I will be charged an exam fee of \$54.40.

Please list any/all medications your pet is currently taking: \_\_\_\_\_

\_\_\_\_\_

When was the last time your pet had any food or medication? \_\_\_\_\_

If your pet is spending the night with us, what diet are they on? \_\_\_\_\_

Would you like your pet to be Microchipped while they are here? \_\_(\$59.95)\_\_\_\_\_

I have read and fully understand this Surgical Consent Form. I understand that I am personally financially responsible for all the services rendered by the doctors and staff of The Animal Medical Clinic of Gulf Gate. I realize that I may ask for a written estimate of final cost prior to admittance. I understand that payment is due upon discharge of my pet.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_