COMMUNITY ANIMAL HOSPITAL/SURGERY CONSENT FORM

CLIENT NAME:		F	PET NAME:		
PHONE NUMBE	ER:	2 ND CO	NTACT NUM	IBER:	
initially had an example and example initially had an example initial initial had an example in the example initial had an example in the example initial had an example in the example in the example initial had an example in the example in t	ed for surgery; he/she should m will receive an exam before will not perform the procedure	surgery at the cos			urgical patients that have not ning that may interfere with
an anesthetic. While	e-surgical blood tests for all or e optional for a young pet, a s med 2 days prior to surgery. T	senior pet (7+ year	s) must be test		properly process and eliminat igher anesthetic risk. These
Please circle one:	Already performed	Perforr	n today	Decline	Mandatory (7+ years)
years) must have a	catherization and fluid therap n IV catheter in place during a eved for the process. The cos	any procedure for	blood pressure		
Please circle one:	Accept	Decline	Mandatory (7+ years)	
VACCINES All patients must be are needed.	e up to date on all vaccination	s appropriate for tl	heir age. The c	ost for this varies	s depending on which vaccines
Please circle:	Proof provided of current vac	ccines Feline	Leuk needed (d		
	DHPP or FVRCP needed	Bordet	ella needed	Rabies r	needed
	identification under the skin. The cost for this is \$51.26.	Microchipping grea	atly increases th	ne chance of finc	ling your pet should he/she
Please circle one:	Accept	Decline			
					for most surgical procedures.
understanding that in-heat animals, pro through with any pr		ks with any anesth tractions. In an em rell-being of my pe	etic procedure. ergency situati t on a continuir	I understand the on, I authorize the grant basis until furt	ere are additional charges for
SIGNATURE				DATE	