



Elective Surgery Pre-Anesthetic Consent Form

Patient _____ Date _____

Procedure to be performed _____

Please read through the following information and initial your selections.

Bloodwork - Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions including disorders of the liver, kidneys, or blood are not detected without additional testing. Such tests are especially important before any kind of surgery. For these reasons, we will be performing a blood screening before today's procedure. If there is a problem with any of the tests in this screening, other options will be discussed with you if necessary.

Microchip - This is a very good time to implant a permanent identification marker (microchip) in your pet in case he or she is lost or stolen. Animal control hospitals and most veterinary hospitals have scanners to read these microchips in order to reconnect owners to their pets. The additional cost is \$45.95

____ YES, I want my pet microchipped at this time.

____ NO, I do not want a microchip implanted at this time.

Hip Dysplasia is a problem in dogs that will weigh more than 40 Lbs as an adult. Hip dysplasia is a poor formation of the ball and socket joint. It can be very painful, leading to crippling and a poor quality of life. If detected early, many treatments are available to increase comfort and slow the progress of the disease. As early detection is important, we are offering a 25% discount to do radiographs while your pet is sedated today (regular \$96.00, discounted price \$72.00).

____ YES, I would like my pet's hips x-rayed today.

____ NO, I do not want my pet's hips x-rayed today.

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above listed procedure(s) or operation(s). I authorize the use of appropriate anesthetics and/or other medications deemed necessary to complete the listed procedure(s).

I also understand the nature of the procedure(s) or operation(s) and understand that risk may be involved if sedation or anesthesia is employed. I also realize that results cannot be guaranteed.

I accept full financial responsibility for the services rendered on behalf of this patient. I understand that payment is due in full upon release of this patient and that payment may be made by cash, check, MasterCard or Visa. **I understand that Kindness Small Animal Hospital does not have a payment plan, extended credit plan or billing policy.**

I have read and understand this form.

Can we text? Yes ____ No ____

Signature _____

Best Contact Number _____