

home pain medication.

## **Surgical Consent Form**

Staff Members Initials:

Current Vaccines: YES / NO / N/A Owner and Pet Information Owner's Name: \_\_\_\_\_\_ Date: \_\_\_\_\_ Emergency Contact Phone: Cell Phone: Pet's Name: Breed: Color: I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. Surgery Information Mass Removal Laceration Repair Procedure to Perform: Other: Additional Services: Pre-Surgical Bloodwork Pre-surgical bloodwork is a in-house chemistry panel that does a examination of your pet's liver and kidney function to help determine if you pet is able to handle general anesthesia today. Any abnormalities will be brought to your attention and the proper course of action taken. By checking "No" you decline the pre-surgical bloodwork for your pet. By checking "Yes" you give Hickory Small Animal permission to perform the pre-surgical bloodwork at a additional cost of \$42.50 □ Yes □ No Pain Medication AAfter most surgical procedures, your pet will experience some pain. Hickory Small Animal Hospital offers post surgical pain medications to limit this discomfort and allow your pet to rest comfortably. We can give your pet a pain injection before surgery for an additional \$13.00. ☐ Yes please give my pet a pain injection☐ No, do not give my pet a pain injection before the surgery. before the surgery. We can also send home pain medications for an additional cost of \$ . PAIN MEDICATIONS ARE HIGHLY RECOMMENDED ☐ Yes please send my pet home with take No, do not send my pet home with take

home pain medication.

Microchip Implantation
Hickory Small Animal Hospital can implant a pet identification microchip that can assist in finding your pet should it get lost. The microchip will be put in while your pet is under anesthesia. By checking "No" you decline microchip implantation for your pet. By checking "Yes" you agree to microchip implanation for an additional cost of \$47.50  No
I hereby give the veterinarians and any authorized agents, staff, or representatives consent and authority to
perform the following procedures or operations:
Signature of Owner/Agent Date: