



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

Procedure to Perform: Spay/Neuter Dental Cleaning Other: _____

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 \$38.00**

Yes No

Pain Medication

After 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. By checking "No" you decline post-surgical pain medication for your pet. By checking "Yes" you agree to post-surgical pain medication **for an additional cost of \$_____.**

Yes No

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 implantation **for an additional cost of \$47.50**

Yes 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: _____