



Veterinary Hospital

5078 Williamsport Pike, Suite N
Martinsburg, WV 25404
304-270-1063

Surgical Consent Form

Scheduled Procedure(s): _____

These procedures, the medical necessity and costs have been explained to me to my satisfaction. I understand that I may call for updates on my pet as I deem appropriate. I understand that no guarantee has been made to me regarding the outcome of my pet's treatment or procedure.

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me I **CONSENT** or **DO NOT CONSENT** to additional treatment at the discretion of the attending doctor and agree to pay for all related fees. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

What has your pet had to eat and drink today? _____
What time? _____

Is your pet on any medications? Please inform us of any and all medications (including supplements):

VACCINATIONS

Do you want us to update your pet's vaccines and tests today?

- Yes: _____
 No

Pre-Anesthetic Blood Testing: Our greatest concern is the well being of your pet. We will monitor your pet's heart rate, respiratory rate, blood oxygen, blood pressure and EKG during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. We strongly recommend pre-anesthesia blood work prior to anesthetizing your pet. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. (**Mandatory blood work is required for all animals over 7 years of age**)

- Yes, I want my pet to have a blood test performed before anesthesia
 CBC and Pre-anesthetic Chemistry _____
 CBC and Full Chemistry (required for all pets 7 years old and older) _____
 No, I decline this blood test and **have been informed of the risks**

Microchipping: Microchipping is a very simple and safe way to permanently identify your pet. This option is available during this surgical procedure:

- Yes, I want ResQ Microchip No, I decline ResQ Microchip

Elizabethan Collar: To ensure that your pet will not chew or lick open a new surgical site, an Elizabethan collar is available. This small investment could save you the added costs to have the site repaired.

Yes, please send home a collar

Maybe, I wish to wait and see if one is needed. If a collar is needed, we will recommend one be sent home with you.

Picture Message/Text: If time permits, would you like a picture message of your pet sent to your cell phone after the surgical procedure? **(Your carrier charge may apply)**

Yes

No

FINANCIAL RESPONSIBILITY

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during this pet's ongoing medical treatment. If your pet is hospitalized, I agree to pay a deposit of **50%** of the estimated fees at the time of hospitalization and assume financial responsibility for the balance of all services rendered, due in full on a cash, credit card, CareCredit, or check basis at the time your pet is discharged.

If <animal> is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours. If I desire that my pet have supervision when this facility is closed, I may elect to transfer <animal> to a local emergency clinic, at my expense, where overnight veterinary supervision is available.

*****PLEASE NOTE: Our hospital policy is to keep all surgery patients overnight unless you are informed otherwise by a TVA or Doctor*****

AUTHORIZATION(S) AND CONSENT

I, being responsible for my pet, having the authority to do so, grant you my consent to receive treatment, prescribe for and/or operate upon my pet as noted above. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on the animal. SMVH is to use all reasonable precautions against injury, escape or death of my pet, but is not held liable or responsible in any matter, as I thoroughly understand I assume all risks.

I, the undersigned owner, authorized agent of the owner or Good Samaritan responsible for seeking veterinary care for my pet certify that **I AM** or **I AM NOT** over **eighteen** years of age.

Signature of Owner or Authorized Agent

Date

Phone number(s) where I can be reached:

Cell
Phone

Home/Work
Phone:
