Roanoke Animal Hospital
513 Byron Nelson Blvd.
Roanoke, TX 76262
817-430-8989
www.roanokeanimalhospital.com

Surgery Consent Form

Client Name: _____ Pet's Name: _____

I am the owner or agent of the above named animal, and I authorize the following procedure or surgery:

_____

Prior to any additional treatment being performed, you will be contacted by telephone when possible. **The phone number where you can be reached *TODAY* is: (include area code)**

(_____) _____

I understand that, during this procedure or surgery, **unforeseen conditions may require additional treatment.** Therefore, I hereby consent to and authorize these treatments as necessary in the professional judgment of the attending veterinarian. I have also been advised as to the type of surgery to be performed, the risks involved and that no guarantee has been stated or implied.

1. Blood tests are highly recommended for your pet prior to surgery/anesthesia. These tests check for adequate blood sugar, oxygen carrying capacity, and kidney, liver and cardiac function (EKG). These tests are important indicators for your pet's successful recovery from anesthesia/surgery. The costs of these tests are $37.80. (Please initial one choice.)

_____ I request blood tests _____ I declined blood tests

2. IV Catheter/IV Fluids can be of benefit to your pet by increasing tissue perfusion which will help support internal organ function, shorten your pets' recovery time and the ease at which your pet returns to normal after anesthesia. IV Catheters are beneficial should an emergency situation arise during anesthesia. IV Catheters/IV Fluids are highly recommended in any pet that has a pre-existing condition or is considered geriatric (7 years or older). The costs of IV Fluids is $109.63. (Please initial choice.)

_____ I request IV Catheter/IV Fluids _____ I decline IV Catheter/IV Fluids

3. Laser surgery can be of benefit to your pet by shortening recovery time, and by minimizing bleeding, pain and swelling. You may choose this option for your pet's procedure, at a cost of $60.00, by indicating below.* (Please initial one choice.)

_____ I request Laser surgery _____ I declined Laser surgery

** (The fee for Feline Front Feet Declaw already includes the cost of Laser.)*

Please sign below indicating that you have read and understand this consent form. If you need further information, please ask. **You have every right to be fully informed of your pet's care and we are glad to help.**

Owner's Signature _____ Date: _____