

# Hart Animal Clinic

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## Anesthesia/ Surgery Consent Form

Date admitted \_\_\_\_\_

Client \_\_\_\_\_ Patient \_\_\_\_\_

Procedure(s) \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening phone (if overnight stay) \_\_\_\_\_

### **Preanesthetic blood testing**

Our greatest concern is the wellbeing of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys, or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. Also establishing baseline levels for your pet is important as they age.

For these reasons we highly recommend pre-anesthetic blood screens. The cost is \$65

PLEASE INITIAL: Yes, I want the blood testing \_\_\_\_\_

No, I am declining blood testing \_\_\_\_\_

### **Vaccines**

For admittance to the hospital, dogs are required to be up to date on both Distemper/Parvo and Rabies vaccination and cats are required to be up to date on the Upper Respiratory and Rabies vaccinations. This is to maintain their health and reduce risk of infection for your pet as well as other hospitalized pets and our staff.

Check if required: DHLPP (dogs): \_\_\_\_\_ Rabies: \_\_\_\_\_

FVRCCP (cats): \_\_\_\_\_

While your pet is in the clinic would you like any of the following services performed: *(please initial if requested)*

Ear Cleaning: \_\_\_\_\_ Fecal Examination (parasite check): \_\_\_\_\_

Anal Gland Expression: \_\_\_\_\_ Feline Leukemia/ FIV testing: \_\_\_\_\_

Microchip: \_\_\_\_\_ Histopathology (Biopsy, if mass removal) \_\_\_\_\_

Other Vaccines: \_\_\_\_\_ Nail Trim \_\_\_\_\_

### **Authorization to Perform surgery and/or treatment**

I hereby authorize Hart Animal Clinic to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. Furthermore, I understand that during the performance of the procedure(s) that unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the Veterinarian's professional judgement. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedure(s) authorized will be without complications from unexpected events beyond the veterinarian's and hospital's control. I understand, and accept that when anesthesia is involved, there are always inherent risks.

I also authorize the clinic staff in an emergency, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

Owner or Agent's Signature: \_\_\_\_\_

Thank you for entrusting the care of your pet to Hart Animal Clinic. We take great care with each patient from the beginning to the end of the procedure with the latest equipment, knowledge, and training. Feel free to discuss your pet's care with us at any time.

TO BE FILLED OUT BY CLINIC STAFF

Admitted by: \_\_\_\_\_

Current on vaccines

Carrier left with pet

Estimate given: