

Underhill Animal Hospital

4900 Lake Underhill Rd • Orlando Florida 32807 • (407)277-0927

Anesthesia/Surgery Consent Form

Client ID:
Client Name:
Address

Telephone: () -

Weight:
Name:
Patient ID:
Breed:
Sex:
Color:
Age:

Procedures to be Performed _____

- YES NO Did _____ have anything to eat or drink this morning?
 YES NO Is _____ allergic to any drugs?
 YES NO Does _____ have a history of seizures and/or anesthetic complications?
 YES NO Is _____ currently on any medications? If yes, please list medications.
 YES NO Has _____ had any illness or injury in the last 30 days?

Any additional questions or concerns? _____

Do you give Consent to Life Saving Emergency Care should the need arise? YES NO

Elective procedures to be performed:

- Routine Nail Trim Ear Cleaning Show Cut Nail Trim
 Microchip Implantation Bath Heartworm Test

_____ will be undergoing general anesthesia plus a surgical procedure today. We highly recommend a **pre-surgical blood profile and/or EKG** run on _____. This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes.

Pets over 7 years of age must have a presurgical screening.

I **DO** _____ **DO NOT** _____ wish to have the pre-surgical blood work run today. **(Please initial)**

I assume all responsibility for the additional risks/complications resulting from the refusal of these services.

Laser therapy minimizes pain, speeds healing, and reduces inflammation. This is an additional cost.

I **DO** _____ **DO NOT** _____ wish to have post-surgical laser therapy. **(Please initial)**

FLEAS OR TICKS WILL BE AUTOMATICALLY TREATED AT AN ADDITIONAL CHARGE.

AGGRESSIVE ANIMALS THAT REQUIRE SPECIAL HANDLING MAY INCUR AN ADDITIONAL CHARGE.

I understand the doctors and hospital staff of Underhill Animal Hospital will use all reasonable precaution against injury, escape, or death of _____. I understand that there are possible risks when performing anesthesia and surgery and hold Underhill Animal Hospital harmless in connection with these procedures. I have read the foregoing, understand what is written and agree to all terms.

Signature _____

Date _____

Phone # _____