

Takoma Park Animal Clinic

7330 Carroll Ave

Takoma Park, MD 20912

301-270-4700

SURGICAL CONSENT FORM

OWNER'S NAME: _____

PET'S NAME: _____ () Canine () Feline

DAYTIME TELEPHONE NUMBER: _____

I am the owner for the above named animal and have the authority to execute this consent for the performance of the following procedure(s) or operation(s): _____

By Dr. _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operations or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications, and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

Presurgical work costing \$75 additional is required for animals to help determine anesthetic risk and help reveal hidden organ dysfunction.

() Bloodwork less than three months old is already on file.

My animal is on an empty stomach and has no food since 12 midnight last night for procedures requiring sedation and anesthesia.

My animal currently takes the following medications _____

Last date & time medication(s) was given to animal? _____

Takoma Park Animal Clinic

7330 Carroll Ave

Takoma Park, MD 20912

301-270-4700

Spay- My female animal is not in heat or pregnant. If she is, spay surgery will be an additional cost because of increased risk of complications or may not be done at all.

My pet has acted normally for the past 24 hours- no coughing, vomiting, diarrhea, eating garbage, or other signs of illness.

() Please put **HOME AGAIN MICROCHIP** in my pet for \$70. This permanent identification will air in recovery of my pet at home or abroad.

() I would like an update about my pet via text. My cell phone number is _____

I have been advised as the nature of the procedures or operation(s) and the risks involved. I realized that results cannot be guaranteed.

Additional Information

I have read and understand this authorization and consent.

Signature of owner or Agent

Witness

Date