

# The Animal Hospital of Celina

## SURGERY/ANESTHESIA CONSENT FORM

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Pet: \_\_\_\_\_

1. I authorize the performance upon (PET LISTED ABOVE) of the following surgery, or medical procedure, to be performed by the veterinarian(s) at The Animal Hospital of Celina, under any anesthesia or sedation deemed advisable, and also to perform such additional procedures as may be held to be therapeutically necessary on the basis of findings in the course of the anesthesia and/or surgery.

**Surgery/Procedure:** \_\_\_\_\_  
\_\_\_\_\_

2. The nature and purpose of the procedure, the possible alternative methods of treatment, and the risk involved are fully understood by me. No guarantee, or assurance, has been given by anyone as to the results that may be obtained.
3. I understand that all anesthesia involve some minimal risk to my pet. I also understand that all reasonable precautions against injury, escape, or death of my pet will be taken. The Animal Hospital of Celina and veterinarians and staff, will not be held liable or responsible in any manner, or under any circumstances in connection therewith, as it is understood that I assume all the risks
4. It is also understood that heartworm testing, and all vaccines must be current according to The Animal Hospital of Celina policy before any anesthesia can be performed on my pet. If it is determined that these are not current, they will be performed at my expense.

### **ACCORDING TO THE AHOC ANNUAL VACCINE AND LAB TESTING POLICY, YOUR PET IS DUE FOR:**

**Canine** – Rabies Vaccine (Annual)  
DHPP Vaccine (Annual)  
Bordetella (6 months)  
Heartworm Test (Annual)  
Fecal Test (Annual)

**Feline** – Rabies Vaccine (Annual)  
FVRCP Vaccine (Annual)  
Leukemia Vaccine (Annual)

**OVER**

**5. THE ANIMAL HOSPITAL OF CELINA AND THE VETERINARIANS STRONGLY RECOMMEND CERTAIN PROCEDURES AND LABORATORY TESTING ON ALL PETS.**

**A. Blood Testing-** I understand that the doctor *recommends* the laboratory tests described below, prior to anesthesia. The Pre-Anesthetic Profile test recommended is:

1. Basic Lab work (0-2 yrs old) \$75.00 approx cost\*
2. Intermediate Lab work 3-8 yrs old) \$97.00 approx cost\*
3. Sr. Lab work (8+ yrs old) \$118.00 approx cost\*

**PETS 8 YEARS AND OLDER, or PETS DEEMED TO BE HIGHER RISK FOR ANESTHESIA ARE REQUIRED TO HAVE PREANESTHESIA BLOOD TESTING BEFORE THE ABOVE PROCEDURE.**

*Would you like the recommended blood test run on your pet?* **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**MY PET IS 8 YEARS OR OLDER AND WILL HAVE THE REQUIRED BLOOD TEST.** \_\_\_\_\_ **Initial**

**B. Microchip:** Home Again Microchip pet-retrieval identification device designed to provide safe, lifelong identification to enhance the chances of retrieving a lost pet. THIS IS HIGHLY RECOMMENDED! The cost of the microchip is \$72.50, includes placement and registration.

*Would you like the recommended microchip for your pet?* **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**C. LASER THERAPY:** POST SURGERY COLD LASER TREATMENT IS A SIMPLE, QUICK, PAINLESS PROCEDURE PERFORMED AT THE SITE OF SURGERY OR ON GUMS (WITH DENTALS) THAT DECREASES SWELLING, PAIN, AND CAN PROMOTE HEALING UP TO 3 TIMES FASTER THAN NORMAL. The cost of this procedure is \$15.00

*Would you like the recommended laser therapy for your pet?* **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

6. I understand and agree that I am responsible for all professional fees, including fees for medication, or additional treatment required, and that these fees are payable when my pet is discharged from this Hospital. I agree to pay a deposit in the amount of \$ \_\_\_\_\_ towards the medical care and treatment that will be applied to final bill. I have read the foregoing, and agree.

7. I have read the foregoing and agree.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Contact # for post procedure notification:** \_\_\_\_\_

*\*All costs are approximate and are subject to change\**