

Kitty Hawk Animal Hospital

1534 Kitty Hawk Rd. ~ Universal City, Texas 78148 ~ Phone: 210-658-3574 ~ Fax: 210-658-2590

SURGERY CONSENT FORM

Client Name		Patient Name	Patient Age	Procedure	Date
Yes	No	My pet is up-to-date on vaccinations			
Yes	No	My pet is currently receiving heartworm prevention or has tested negative within the past 30 days. NOTE: If pet is not currently on heartworm prevention, we will perform a heartworm test which costs \$32.50.			
Yes	No	I understand the procedure to be performed requires use anesthetic.			
Yes	No	I give permission for the performance of any life-saving procedures deemed necessary by the attending veterinarian.			
Yes	No	I understand there will be an additional charge of \$68-\$120 if both testicles are not located in the scrotum.			
Yes	No	I understand there will be an additional charge of \$39-\$70 if my female animal is in heat, pregnant or severely overweight. NOTE: Each of these scenarios requires additional time and materials.			
Yes	No	My pet has had a blood profile done within the past 3 weeks (Date: _____).			
Initial: _____		I understand that if external parasites (i.e. fleas, ticks, etc.) are present at the time of admittance to hospital, my Pet will be treated according to the doctor's recommendations at an additional cost to me.			

PRE-ANESTHETIC BLOOD PROFILE:

Anesthesia places a burden on some of your pet's systems and anemia, kidney, and/or liver disease can significantly affect your pet's ability to handle the procedure. A pre-anesthetic profile can alert your doctor to these conditions and provide the information needed to adjust anesthetic levels or delay the procedure. We strongly recommend a pre-anesthetic blood profile to minimize the risk of today's procedure to your pet and to provide baseline information which has proven useful in judging your pet's health in the future.

The cost of the pre-anesthetic profile: Under 7 years of age **\$109.50**
Over 7 years of age **\$149.50**

Yes	By selecting "yes", I am indicating that I understand the risks associated with anesthesia, and I am requesting that you complete the recommended pre-anesthetic profile before proceeding with anesthesia and the surgery.
No	By selecting "no" I am indicating that I understand the risks associated with anesthesia, and I am choosing to decline the recommended pre-anesthetic blood profile for this surgery.

POST-LASER THERAPY:

Laser therapy provides relief for your pet using a deep-penetrating light that releases endorphins and stimulates cells. This therapy will ease pain, improve mobility, and promote faster healing.

The cost for post-laser treatment is \$20.60 per site and session.

Yes	I want to include post-surgical laser treatment for my pet.
No	I do not want to include post-surgical laser treatment for my pet.

I understand and accept the risks and financial responsibility for my pet related to this procedure in accordance with the elections above.

Signature of Pet Owner/Authorizing Agent: _____

Telephone Number where we can reach you today: _____