

**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
<b>Yes</b>	<b>No</b>	I understand the procedure to be performed requires use of anesthesia.			
<b>Yes</b>	<b>No</b>	I give permission for the performance of any life-saving procedures deemed necessary by the attending veterinarian.			
<b>Yes</b>	<b>No</b>	Did your pet eat this morning?			
<b>Yes</b>	<b>No</b>	Is your pet allergic to any drugs? If yes, what?			
<b>Yes</b>	<b>No</b>	Is your pet currently on any medication? If yes, what?			
<b>Yes</b>	<b>No</b>	Are there any specific problems that need to be checked today? (Full Physical Exam: \$54.00) If so, please state concerns:			
<b>Yes</b>	<b>No</b>	My pet is up-to-date on vaccinations			
<b>Yes</b>	<b>No</b>	My pet is currently receiving heartworm prevention or has tested negative within the past 30 days. <b>NOTE: If pet is not currently on heartworm prevention, we will perform a heartworm test which costs \$32.50.</b>			
<b>Yes</b>	<b>No</b>	For Reproductive Procedures: <ul style="list-style-type: none"> <li>(Males) I understand there will be an additional charge of \$68-\$120 if both testicles are not located in the scrotum.</li> <li>(Females) I understand there will be an additional charge of \$39-70 if my female animal is in heat, pregnant or severely overweight. <b>NOTE: Each of these scenarios requires additional time and materials.</b></li> </ul>			
<b>Initial: _____</b>		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:**

Anemia, kidney, and/or liver disease can significantly affect your pet's ability to handle the procedure. A pre-anesthetic blood profile is recommended to alert your doctor to these conditions and provide the information needed to make a more specific anesthetic plan as well as provide baseline information for 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: \$149.00**

<b>Yes</b>	By selecting "yes", I am indicating that I am requesting that you complete the recommended pre-anesthetic profile before proceeding with anesthesia and the surgery.
<b>No</b>	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.  My pet has had a blood profile done within the past 3 weeks ( <b>Date:</b> _____).

**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.**

<b>Yes</b>	I want to include post-surgical laser treatment for my pet.
<b>No</b>	I <b>do not</b> 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: \_\_\_\_\_