

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	I understand the procedure to be performed requires use of anesthesia.		
Yes	No	I give permission for the performance of any life-saving procedures deemed necessary by the attending veterinarian.		
Yes	No	Did your pet eat this morning?		
Yes	No	Is your pet allergic to any drugs? If yes, what?		
Yes	No	Is your pet currently on any medication? If yes, what?		
Yes	No	Are there any specific problems that need to be checked today? (Full Physical Exam: \$58.00) If so, please state concerns:		
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 \$34.00.		
Yes	No	For Reproductive Procedures: <ul style="list-style-type: none"> • (Males) I understand there will be an additional charge of \$71-\$120 if both testicles are not located in the scrotum. • (Females) 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. 		
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:

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: **\$114.50** Over 7 years of age: **\$159.50**

Yes	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.
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. My pet has had a blood profile done within the past 3 weeks (Date: _____).

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 \$22.00 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: _____