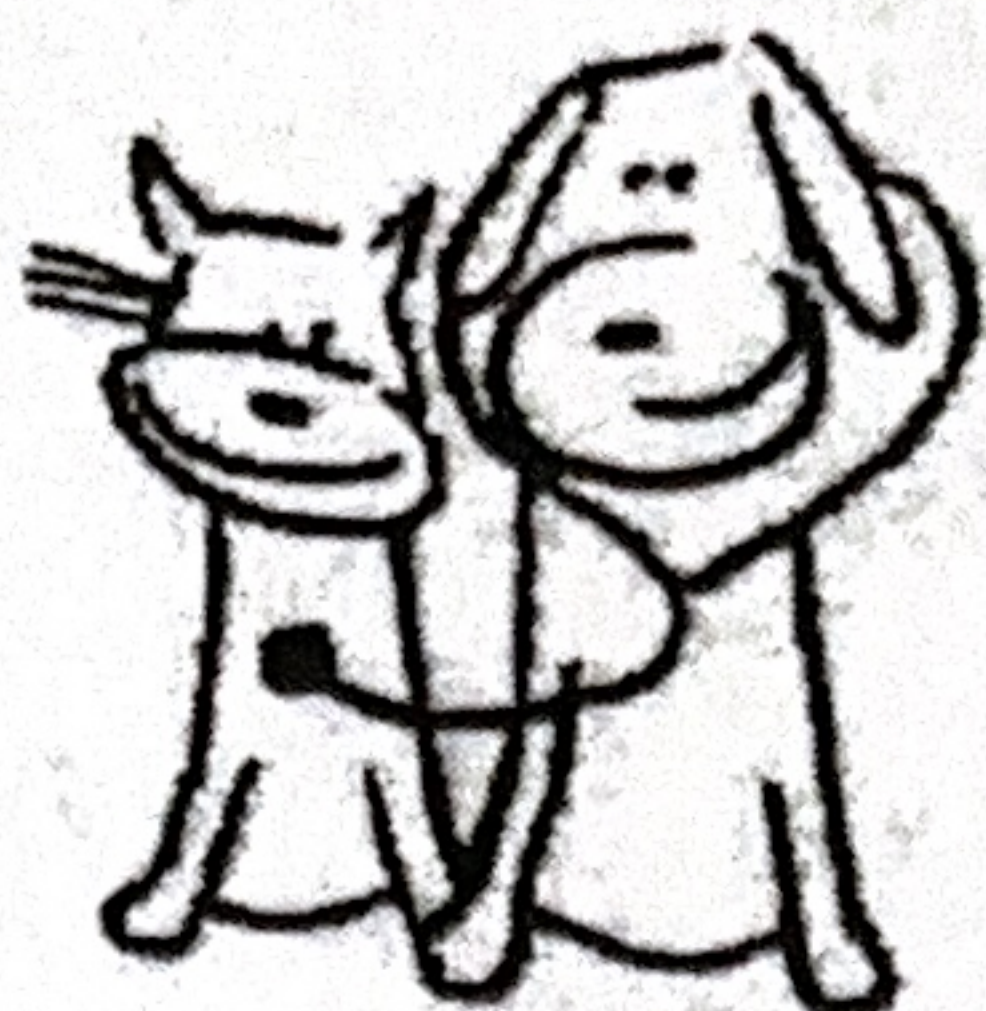




Abbott
Animal
Hospital

Surgery Consent Form

Today's Date _____ Drop off Time _____

Owner's Name _____

Pet's Name _____

Breed _____ Sex _____ Age _____

Daytime Phone Number _____

I am authorizing and consenting to the following:

Pre-operative Bloodwork _____ yes _____ no

**Bloodwork is strongly recommended for all patients, and REQUIRED for all those over 7 years of age. Medical conditions may exist which are impossible to identify during a physical exam alone. Some pets may be at risk when placed under anesthesia if certain conditions go undetected.

Surgical Procedure _____

Adjunctive Treatments _____

At Abbott Animal Hospital we strive to provide the best possible care for our patients. All pets undergoing surgical procedures will receive a full examination, ear cleaning, and nail trim. For all applicable procedures, we provide an anti-anxiety pre-surgical sedative and two different types of pain medications post-operatively. We use the newest generation of gas anesthetic, Sevoflurane, and monitor carefully our patients' vital signs with a pulse oximeter. Of course, extra tender loving care is always included.

While under anesthesia, I would like my pet to have (circle):

☐ HomeAgain Microchip

☐ Dental Prophylaxis

☐ Ears plucked

☐ Anal glands expressed

☐ Dematting

Contact me if teeth need extracting: Yes No

I understand there are inherent risks involved with anesthesia and surgery. I understand that during the procedure unforeseen conditions may be revealed which may necessitate the extension of procedure or may alter the outcome of the surgery. Therefore, I consent to and authorize the performance of any additional procedures and use of medications as deemed necessary by the veterinarian. While every effort is made to bring about the most favorable outcome, I understand that results cannot be guaranteed. If my pet should injure itself in an escape or escape attempt, soil itself, or die while in this hospital, I will hold Abbott Animal Hospital and staff free of responsibility and/or liability in absence of gross negligence.

All charges must be paid upon release of the patient.

Owner's/Guardian's signature _____