

MT. CARMEL ANIMAL HOSPITAL
2816 N. Cherry Street
Mt. Carmel, Il. 62863 618-262-5578

SURGICAL CONSENT FORM

Owner's Name _____ Pet's Name _____

I am the owner or agent of the above animal and give the Mt. Carmel Animal Hospital the complete authority to perform the following procedures and/or operations: _____

(If pet is in heat or pregnant, there is an additional charge of \$20.00 to the cost of spaying.)

I authorize the use of appropriate anesthetics and medications. I understand the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

New anesthetic agents have made general anesthesia much safer over the last several years. However, some conditions which may influence the effect of the anesthetic on your pet may not be evident on physical examination. To better ensure your pet's safety, a blood screen can be performed in our office before surgery.

This would include: 1. BUN-a test for kidney function 2. ALKP-a test for liver function 3. GLUCOSE-a measure of your pet's blood sugar. 4. PCV-a measure of dehydration and anemia. 5. TOTAL PROTEIN-a measure of dehydration and certain liver or kidney problems. **(There is an additional cost to you for this blood work of \$56.40).**

___ **Yes, I request pre-anesthetic blood testing.**

___ **No, I decline the recommended pre-anesthetic blood tests** at this time and request that you proceed with anesthesia. I assume full financial responsibility for this animal. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Pre-Anesthetic blood work is extremely important and strongly recommended for Geriatric animals.

Geriatric animals are: Cats over 10 years old. Dogs up to 25# over 8 years old. Dogs 26 to 55# over 7 years old. Dogs over 55# over 5 years old.

Signature _____

___ **Yes, I would like post-operative pain relief if the doctor feels it would be beneficial.**

(MANDATORY FOR DOG SPAYS AND CAT DECLAWS)

Yes	NO		Yes	No	
()	()	Are vaccinations current	()	()	Is pet on heartworm prevention all year?
()	()	Has pet been check for worms in 6 mos	()	()	Any vomiting, coughing, diarrhea?
()	()	Did your pet eat this morning?	()	()	Is your pet allergic to any drugs?
()	()	Has pet been ill or injured in last 30 days?	()	()	Is your pet on aspirin?

*ELECTIVE PROCEDURES: Some procedures are much more comfortable for your pet if done while under anesthesia. Would you like any of these services done?

() SCRAPE TEETH () TRIM NAILS () FELINE LEUKEMIA TESTING
() BRUSH OUT MATS () REMOVE DEW CLAWS () EXTRACT PUPPY TEETH
() TREAT FOR FLEAS. () MICROCHIP INPLANT (RES Q)

*REQUIRED SERVICES: All **Canine** patients coming in for surgeries, haircuts or baths, are required to have the following services: Rabies, Distemper, Bordetella and Worm Check.

All **Feline** patients are required to have Rabies and Distemper.

If these are not current, then they must be done while here and charges will be added to our bill.

SIGNED _____ DATE _____ PHONE # _____

(where you can be reached today)