



Hawkins Animal Hospital & Wellness Center

354 Hawkins Avenue
Lake Ronkonkoma, NY 11779
P: 631.981.8111 F: 631.981.2821

Pre-Surgical Consent Form

Date: _____

Client: _____

Patient: _____

Surgery Date: _____ **Surgery Type:** _____

Scheduled Drop Off Time: _____

- Patient needs to be up to date on vaccines -- unless advised differently by the DOCTOR
- Patient needs recent blood work -- Blood work expires 4-6 weeks from the original blood drawn date. Unless advised differently by the DOCTOR.
- No food or water after 10:00 P.M. the Night before Surgery
- No food or water the Morning of the Surgery
- 50% Deposit is owed of the High End of Estimate at Drop Off (Minus the \$75 already given)
- Non-Refundable Surgery Deposit (\$75) -- This holds the pet's surgery spot & is considered non- refundable unless canceled with a minimum of 48 hours notice (must be 2 business days). Any cancellation past notice, or No Show results in the deposit being applied to our procedure cancellation fee. ****NOTE: If surgery needs to be rescheduled the deposit can be applied to the next Surgical appointment.****

PLEASE SIGN HERE AFTER TECHNICIAN GOES OVER ALL INSTRUCTIONS & UNDERSTOOD:

Owner/Agent Signature

Date

Technician Signature

Date