

Hope Veterinary Hospital
Sedation/Surgical Consent Form:

Owner's Name: _____ Name of Animal: _____
Phone Number: _____ Species: _____
Address: _____ Breed & Sex: _____

I am the owner or agent for the owner of the above-described animal. Therefore, have the authority to execute this consent. **I hereby consent and authorize the performance of the following procedure(s) or operation:**

I understand that during the performance of the foregoing procedure(s) or operation unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications. I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent form.

Signature of owner/agent: _____ Date: _____

Witness to above signature: _____ Date: _____

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Pre-Anesthetic Bloodwork:

I have received the information on the importance of pre-anesthetic blood testing prior to the administration of anesthesia to my pet. I understand that This blood test is highly recommended. This bloodwork allows your veterinarian To assess your pet's overall health ensuring that your pet is a good candidate For anesthesia. Please initial response. This can range from \$110 to \$250.

I do: _____ I do **not** _____ request that this test be done.

My pet is SIX (6) years of age or older. I understand that this pre-anesthetic testing is REQUIRED. Yes: _____

IV Catheter for Fluids and Emergency Medicine

I understand that intravenous fluids are highly recommended for my pet during surgery. Intravenous fluids help maintain blood pressure while anesthetized ensuring that oxygen and nutrients continue to reach the vital organs. An IV catheter is also good to have in case we need to administer emergency drugs. This service costs \$48.50.

I do: _____ I do **not** _____ request that this be done.

Additional Services

Please mark any additional services you'd like performed on your pet today:

____ Nail trim (\$16) ---- Or ---- ____ Nail Dremel (grinding) (\$26.50)
____ Anal Gland Expression (\$21) ____ Microchip (\$70 + \$20 online registration fee)
____ Sanitary Trim (\$24) ____ Ear Cleaning (\$15)
____ Therapeutic Laser (\$25 Speeds healing, reduces inflammation and pain, reduces the chance of infection, non-invasive and gentle. **Not available for mass removals**)

ALL SERVICES LISTED ON THIS SHEET HAVE AN ADDITIONAL COST. By signing below, you agree to pay any additional cost associated with the services requested or required. Payment is due in full at time of pick-up. Please ask for an estimate if you'd like one.

Owner Signature: _____

Date: _____

Witness to Signature: _____

Date: _____

Do you consent to receive text messages regarding your pet(s) care? Circle one:

YES / NO Initial_____