

Animal Medical Center of Senatobia

Surgery Consent Form

Owner's Name _____ Patient's Name _____

Best Phone Number: _____ Patient's Age _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby give Dr. John Allen Ferguson, Animal Medical Center of Senatobia, and any authorized agents, staff, or representatives consent and authority to perform the following procedure(s) or operations:

Has your pet been off of food for at least 8 hours? YES or NO

Additional Costs

If your pet is being spayed and is in heat or pregnant, there will be an additional charge!

Pre-anesthetic Blood Screening – Total cost \$47: Preventive care screening is important before surgery. The picture of your pet's health isn't complete without comprehensive testing. These tests often detect illnesses that cannot be discovered with a physical exam alone. We strongly recommend that all patients receive pre-anesthetic blood screening. This blood work is **mandatory for all animals age 7 or older**. We will run the following tests on your pet:

- Biochemical profile – kidneys, liver, pancreas, blood sugar, hydration status

The tests that we recommend are similar and equally important as those that human physicians run on their patients. After we run the tests, we can help you understand your pet's current health status and common conditions your pet could face, and discuss a regular monitoring plan.

__ Please complete the recommended testing for my pet.

SIGNATURE OF OWNER: _____

__ I **decline** the recommended tests at this time. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected.

SIGNATURE OF OWNER: _____

For dogs, we also recommend testing for Heartworms. Heartworms are transmitted through mosquitoes and are very damaging to your dog's health. The cost for this test is \$18.00

- My dog has already been tested. The results were: ____ positive ____ negative
- Yes, I want my dog tested

Post-Surgical Pain Medication: Following most surgical procedures, we recommend pain medicine for either 3 to 5 days depending upon the procedure performed. This medication is optional; however, animals feel pain just as you would after surgery. **Total cost varies depending upon animal size and procedure, but rarely exceeds \$35.**

- Yes**, I want post-surgical pain medication for my pet.
- I **decline** post-surgical pain medication for my pet.

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorized the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

You are to use all responsible precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand I assume all risks. **I agree to pay for, in full, the services rendered.**

Client Signature _____

Date _____