



**PUTNAM
ANIMAL
WELLNESS**
100 Independent Way
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Surgical Consent Form

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Client Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Patient Name: _____ Species: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

**Pets that are overdue for vaccines are required to be made current during time of hospitalization at the owner's expense.*

1. Last time food was given to patient: _____

2. Is your pet showing any signs of illness? Yes No

If yes, please list Below:

3. Is your pet on any medication? Yes No

If yes, please list Below:

4. Has your pet had any past surgeries? Yes No

If yes, please list Below:

5. Has your pet had any previous reactions to anesthesia? Yes No

6. Is your pet pregnant? Yes No

7. Does your pet currently have fleas? Yes No

Pets with fleas will receive flea treatment at the owner's expense.

AUTHORIZATION

I, the undersigned, do verify I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I, the undersigned, have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode. Although rare, even in apparently healthy animals, serious complications, even death, may occur. I have discussed any concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures, which are not anticipated for the safety and care of my pet. I, the undersigned, do hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian(s) professional judgment. I accept responsibility for anything that results in additional charges.

I, the undersigned, agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital.)

BABY TEETH

At approximately 6 months of age, most cats and dogs typically have lost all baby teeth, which have been replaced by adult teeth. In some cases, especially in small or toy breed dogs, the adult tooth has erupted but the baby tooth is still present. The average amount of retained teeth observed in dogs with this issue is 1-2 teeth. These retained teeth can cause significant dental problems down the road. It is recommended at the time of spay or neuter to have these baby teeth removed, as the pet is already under anesthesia. If upon exam we find your pet has retained teeth, would you like us to remove them? The additional cost will be \$20 per tooth.

Yes No

PAYMENT

Payment for today is due in full at the time of pick-up. We do not accept checks, nor do we do payment plans. Cash, credit and Care Credit are all accepted.

Print Name: _____ Date: _____

Signature: _____

THE BEST NUMBER AT WHICH TO CALL TODAY: _____