

Animal Medical Center
Pre-Surgical Consent Form

Owner Name: _____ **Pet name:** _____ *Age:* _____ *Sex:* _____

Phone number: _____ **Secondary number:** _____

Last time fed: _____ am/pm Last time medicated: _____ am/pm

Name of medications(s): _____

Any known allergies to medication(s): _____

Any medical conditions and/or underlying issue(s): _____

Procedure:

Mark below any procedure your pet will have done today.

Dental Cleaning Spay/Neuter Specialty Procedure Lump Removal

Location: _____

All items listed below are in **ADDITION** to the base price for the surgical procedure. All procedures include the highest quality of care including; examination with the doctor before surgery, human grade anesthetics and anesthesia monitoring, alongside intravenous fluid therapy before and after the procedure to help maintain critical body function.

1) Select:

In-House Blood Profile: CBC/Chem 10 Pre-Operative Blood Profile already done: _____

2) Biopsy and Histopathology

Authorize Does not Apply to me Dr. Choice

3) Sevoflurane

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure.

Use Sevoflurane Do not use Sevoflurane Dr. Choice

4) Tooth Extractions:

Teeth that need to be removed can lead to serious and costly medical problems. Some teeth may be found to be loose, fractured, infected, or diseased beneath the gum line, and extractions may be necessary.

Extract all needed Does not Apply to me Call First: _____

5) Additional Services:

Vaccines AVID Microchip Ear Cleaning Other: _____

Nail Trim Anal Gland K-Laser

For all procedures, please read and sign below:

I, the undersigned, do hereby certify that I am the owner or authorized agent for the owner of the animal named above. I do hereby give AMC, their agents, employees and representatives full and complete authority to perform the medical/surgical procedure and associated anesthesia for the procedure(s) stated above. I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

Signature of owner/responsible agent (must be over 18)

Date

