

Surgery and Treatment Consent Form

Logan animal clinic
161 Iron Street
Logan Ohio 43138
(740)385-4565

Patient Name_____

Species:_____ Breed:_____ Sex:_____ Age:_____

Owner:_____

Medical or Surgical Treatment: _____

Vaccinations or Testing:_____

I understand that during the performance of the foregoing procedure, unforeseen conditions may necessitate an extension of the procedure , or different procedures 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 authorize the use of appropriate anesthetics, other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed. Also, for the protection of all patients **flea treatment will be provided and added to my bill** for any animal of mine that has fleas/flea dirt present on their body when they are examined upon admittance. This includes, but is not limited to: Vectra D (\$19), Revolution Plus (\$20), or Capstar (\$27)

I have read and understand this authorization Initial_____

____/____/____

Phone #_____

Date

Signature of owner/agent

*****We Recommend that all patients admitted for surgery have a **Pre-Op Blood Evaluation** which includes CBC, Liver and Kidney panel, Total Protein, and Glucose. This screens for pre-existing internal problems that may not be evident physically, but could possibly lead to complications.

____ YES. Please complete the recommended Pre-Op bloodwork prior to surgery on my pet (\$50.00- \$75.00). If any Abnormalities are found, Please call me at the above listed number

Date

Signature of owner/agent

*For all pets over the age of 7 years, Full Profile blood work is **REQUIRED** before surgery can be performed for the safety of the patient due to age. (\$82.00-\$115.00)*

____ NO, I decline the recommended Pre-Anesthetic tests at this time and request that you proceed with anesthesia. I understand that a medical condition may exist, which would be impossible to identify during a physical exam alone. I understand my pet's health may be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Date

Signature of owner/agent