

Pre-Surgical Consent

Owner's Name _____ Date _____
 Pet's Name _____ Species _____ Breed _____

I am the owner/agent of the above-mentioned animal and have the authority to execute this consent. I hereby authorize South Mountain Veterinary Hospital to perform the following procedure(s) or operation(s):

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

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

Signature of Owner or Agent

Date

- Yes, I want my pet to have the recommended blood profile \$ _____
- No, I decline my pet to have the recommended blood profile
- Yes, I want my pet to have a pre-anesthetic EKG (\$50)
- No, I decline the EKG

If the work-up is declined, I understand there is an added risk of anesthesia and surgery or dentistry being performed without the knowledge obtained from the aforementioned work-up.

In the unlikely event that _____ would need to be resuscitated during his/her hospital stay, **I DO / I DO NOT** authorize CPR. If you choose to have your animal resuscitated there will be a minimum \$50.00 charge added to the bill.

Signature of Owner or Agent

- Yes, I want my pet to have a microchip (\$50.00) includes registration fee
- No, I decline my pet having a microchip implanted
- Yes, I want _____
- No, I decline _____