

Ingleside Animal Hospital Surgical Consent Form

Your Name _____ Pet's Name _____ Date _____

Address _____

Phone Number (where you can be reached today) _____

ALL SURGICAL PROCEDURES TO BE PREFORMED _____

My pet has been fasted for 8 hours: Y or N List allergies if any _____

The doctors at Ingleside Animal Hospital highly recommend a minimal Pre-anesthetic blood screen to check the baseline parameters for individual pet prior to anesthesia and/or surgery. These tests may help to avoid problems which can arise due to pre-existing conditions not evident during routine pre-surgical examinations. Between the hours of 6 pm - 7 am there will not be clinic personnel in the hospital.

Our recommendations are as follows:

Failure to accept any of these recommendations will be considered a decline.

For pets 0-9 years old

CBC (count red/white blood cells)
6 Test profile (liver, kidneys, more)
PT,aPTT clotting profile
Electrocardiogram (EKG)
\$120.00 Accept _____ Decline _____

Pain Medication

Laser Therapy OR oral meds up to \$40.00
Accept _____ Decline _____

Intravenous Fluids

Supportive Care
STARTING AT \$125.00
Accept _____ Decline _____

For pets 10+ years old

CBC (count red/white blood cells)
14 Test profile (liver, kidneys, more)
Thyroid/Cholesterol test
Electrocardiogram (EKG)
Pt,aPTT Clotting Profile
\$220.00 Accept _____ Decline _____

Avid Chip

Protect your pet for life
with a microchip
\$55.00 Accept _____ Decline _____

Consent for Anesthesia and Surgery

I, being the owner or agent of the above named pet, have the authority to grant my consent, and hereby authorize the doctors and technicians of Ingleside Animal Hospital to board, treat, perform diagnostic test, anesthetize and/or operate upon _____(pet). I understand that no guarantees are made as to the outcome of diagnostic tests, treatment or surgery.

I understand that hospitalization and surgery do promote physical stress, and for this reason you recommend that pets not current on vaccinations be immunized.

I understand that a deposit may be required for the full foreseen balance of all medical and surgical costs prior to any procedures being performed on my pet. I also understand that any unforeseeable charges will be required to be paid in full when my pet is released from the hospital. Written notice will be mailed to the above address to remove abandoned animal(s). Five days after such written notice, the animal will be considered abandoned, and may be disposed of or destroyed. It is understood that your doing so, does not relieve you of paying all costs of your service including the cost of boarding.

**** Multiple teeth extractions may be as low as \$21 per tooth but up to \$51.50 per single tooth, PRICE VARIES.**

I have read and agree to the fore going, effective until such time it is revoked by me.

Signature _____