

ANESTHESIA/SURGERY/TREATMENT CONSENT FORM

Owner's Name: _____ Home Phone: _____

Pet's Name: _____ Phone where you may be reached today: _____

Requested surgery or procedure(s): _____

Hospitalization Questionnaire

1. Last food given the patient (time) _____ Last water given _____

2. Vaccine History: _____ I am a current patient
_____ I receive vaccines elsewhere; name of vet hospital: _____

Pets that are overdue for rabies vaccine are required to be made current during time of hospitalization. We highly recommend annual testing of all dogs over 6 months of age for heartworm disease and all cats of all ages for FeLV/FIV.

3. Does your pet show any signs of illness? If yes, how? _____

4. Is your pet taking any medication? If yes, what? _____

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

6. List any behavioral concerns (biting, timidness, needing special handling, etc) _____

_____ I have been advised to purchase an e-collar (plastic cone) or a Sputer gown for my pet.

_____ Yes I would like one. _____ No I decline and understand the risks.

_____ I understand that I am required to pick up my pet by 5:30pm the day of the procedure or my pet will be boarded for an additional charge. I understand that there are no staff attending to my pet overnight.

_____ I understand that I will be responsible for the cost of treatment of any parasites found on my pet(s) while staying in this facility. (Example: for fleas, a \$11 capstar will be administered)

_____ I 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.

AUTHORIZATION

I verify that 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 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, even in apparently healthy animals and have discussed my concerns with a member of the veterinary team. 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 hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

Signature of Owner/Agent: _____ Date: _____

Signature of Witness: _____ Date: _____

The hospital will not be responsible for any lost personal items.

TAMPA BAY