

CAPITAL  
HOME  
VETERINARY  
CARE



## SURGERY CONSENT FORM

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle: *Canine* *Feline*

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent.

I hereby authorize Capital Home Veterinary Care, LLC to perform the following procedure(s) or operation(s):

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I understand that during the performance of the foregoing procedure(s) or operation(s), unseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(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 also authorize the use of appropriate anesthetics and other medications deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

## **PRE-SURGICAL/ANESTHETIC BLOOD SCREEN**

If your pet is to be admitted, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. However, since anesthesia or surgery is not without risk, the American College of Veterinary Anesthesiology states that all animals should have a pre-surgical blood panel before anesthesia is administered.

The pre-surgical blood profile will help the doctor to better assess the condition of your pet's internal organ systems, such as the heart, liver, and kidneys. This will help identify preexisting conditions not evident during the Pre-admission examinations. This is especially important in the doctor's selection of an anesthetic regimen that will be the safest for your pet.

Should there be any indication that an abnormality exists, the doctor will contact you before proceeding with surgery.

### **All persons admitting an animal for surgery must complete the following:**

**YES**, I want my pet to have a pre-surgical blood profile (\$65.00)

**NO**, I do not want a pre-surgical blood profile to be performed

If workup is declined, I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the aforementioned workup.

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Signature of Owner or Agent

### **Surgical Consent, Part II**

While your pet is under anesthesia, we are able to perform many convenient procedures. Please check any treatments you wish performed:

Ear cleaning \$13.50

Toe nail clipping \$10.00

Anal gland emptying \$15.00

Ear hair plucking \$8.00

Microchip Placement \$49.95