

SURGERY CONSENT FORM

Client Name _____ Pet's Name _____ Species _____ Age _____

SURGICAL PROCEDURE: Spay _____ Neuter _____ Dentistry _____ Other _____

I authorize Dr. Collins of Third Street Veterinary Hospital, P.C. to perform the above noted procedure on my pet. The nature of this procedure has been described to me to my satisfaction and while I expect all procedures to be done to the best ability of the professional staff, I realize no guarantee nor warranty can ethically or professionally be made regarding the results of this procedure. I also authorize the staff to provide emergency services as necessary should complications arise.

I realize that my pet will be discharged only during regular office hours and when the doctor or their associates are present, and the fee due for its care will be paid in full at that time. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases Third Street Veterinary Hospital, P.C. will attempt to estimate the cost of treatment. It is understood that the actual cost may exceed or be lower than this estimate.

PRE-ANESTHETIC SCREENING

I have authorized the professional staff of Third Street Veterinary Hospital, P.C. to administer an anesthetic drug to my pet in conjunction with the above noted surgical procedure. I understand the staff will take all precautions to ensure a successful outcome of this procedure including, but not limited to, a pre-anesthetic physical exam.

As a means of further ensuring my pet's safety, the staff has recommended a pre-anesthetic screen to help detect problems with major organ function that may not be physically evident but could contribute to serious complications during anesthesia.

*Pre-anesthetic screening is required for geriatric patients and patients considered at-risk for anesthesia.

Cost of Screen _____

PLEASE COMPLETE _____ / DO NOT COMPLETE _____ the pre-anesthetic tests recommended on my pet. If serious abnormalities are discovered, please call me at the above number.

MICROCHIPPING

Cost: _____ (\$5.00 off with any anesthetic procedure) Registration Fee: Included in cost

YES _____ Please Microchip my pet today. NO _____ Please do not microchip my pet today.

Signature

Date

Phone number while my pet is in surgery.

THIRD STREET VETERINARY HOSPITAL, P.C.
McMINNVILLE, OREGON