TRITT
ANIMAL HOSPITAL

SURGICAL INFORMATION AND CONSENT FORM

Owner's Name: _____   **Pet Name:** _____

Procedure for Today: _____   **Phone Number:** _____

Pre-Anesthetic Exam and Blood Testing

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination and pre-surgical bloodwork as indicated. If a problem is detected, an adjustment in anesthetic protocol will be made or the procedure will be delayed or cancelled to address the well-being of your pet.

The surgery/dental charge includes the surgery/dental, required pre-op blood work, anesthesia, an anti-nausea injection, and a pain injection. Any additional procedures, medications, or Elizabethan/inflatable collar will be additional.

MICROCHIPPING: Microchipping is a recommended, safe way to permanently identify your pet. A small microchip is injected under the skin between the shoulder blades. The microchip contains an unalterable, unique number that can be read by a scanner. The microchip number is linked to your basic information in the AKC Company's central computer to help reunite you back with your pet.

Do you want a Microchip? _____ **Yes** _____ **No**   **The fee is $94.00 with the basic enrollment included.**

**Are there any other concerns you have that we can address while your pet is under anesthesia?

_____

For Dentals only:

_____ initital   I understand that with dental procedures, problems may not be detected until my pet is under anesthesia and has a full oral examination with radiographs. Upon full oral exam and radiographs, extractions or other procedures may need to be done while your pet is under anesthesia. We will not do any extractions or procedures that are not medically necessary for the health of your pet.

I, the undersigned, authorize surgery for my pet. The nature and risks of this procedure have been explained to me. I am encouraged to discuss any concerns with my veterinarian before the procedure(s) are started. I authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be assisting in my pet's care. I understand that during anesthesia, emergency or unforeseen conditions may make it necessary for the doctor to perform additional or different procedure(s) that are in my pet's best interest. I therefore authorize these emergency procedures until I can be contacted.

Owner's Signature _____   **Date** _____