

PET MEDICAL CENTER AT APPLE TREE COVE



SURGICAL CONSENT FORM

Client's Name: _____

Pet's Name: _____

Procedure to be performed: _____

Pain Control:

Our doctor's practice aggressive pre and post-surgical pain management. All surgical patients receive pain control medications prior to surgery and go home with pain control prescription medications to facilitate a pain-free recovery period.

Flea-Free Policy:

We strive to be a flea-free facility at Pet Medical Center. If fleas are observed on your pet, we will administer a single dose of flea treatment, and charge accordingly.

Additional Services Offered:

Fecal Test Yes No

Microchip Identification Yes No

Ear Cleaning Yes No

Anal Gland Expression Yes No

Flea Medication Yes No

Prescription Refills Yes, _____ No

I am the owner, or a representative of the owner of the animal presented and have the authority to sign the consent. I understand that current vaccines are required for all pets entering this hospital. If vaccines are not current, they may be updated at the doctor's discretion.

- I have been advised as to the nature of the procedure(s) and/or surgery and the risks involved.
- I accept that anesthesia always involves some element of risk to my pet and that I share in assuming all risks.
- I understand that every precaution is practiced to ensure the safety of my pet before, during and after the procedure.

If you have further questions about the care of your pet or the procedure(s) he/she will be undergoing, please ask to speak to a doctor or nurse. By signing this consent, I indicate that all my questions regarding my pet's procedure have been answered to my satisfaction.

Being of legal age, I hereby consent and authorize this hospital and its veterinarians to perform the agreed upon procedures.

SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE: _____

PHONE NUMBER WHERE I CAN BE REACHED TODAY: _____ DATE: _____