

SUNNYSIDE ANIMAL HOSPITAL

5100 N Star Rd, Meridian, ID 83646 Tel: (208) 286-9222

www.sunnysideanimalhospital.com sunnysideanimalhospital@gmail.com

SURGERY CONSENT FORM

Please print out this sheet, fill it out, and bring it with you at the time of your pet's surgery

Client's Name: _____ Pet's Name: _____

Procedure(s) and/or Surgery to be performed: _____

Pain Relief is highly recommended for the comfort of your pet post- surgery: Accept/Decline (circle one)

Pre-Anesthetic Blood Testing: Like you, our greatest concern is the well-being of your pet, and we feel it is important to do everything possible to lower risk. We know that hidden disease, especially of the kidney and liver, can affect your pet's reaction to anesthesia. Pre-anesthetic blood tests help inform the doctor of the general health of your pet thereby reducing the risk of anesthetic complications. You will be notified if there are any abnormalities or concerns prior to the use of anesthesia on your pet.

Pre-Anesthetic profiles are recommended on all pets age 3 years and above and strongly advised on pets greater than 7 years.

_____ **Comprehensive Profile plus CBC:** Evaluates a complete cell count including red blood cells, white blood cells, and platelets. Also evaluates kidneys, liver, pancreatic function, and electrolyte status- **\$92.25**

_____ **I Decline Pre-Anesthetic Profile.**

I understand the nature and purpose of the procedures, risks involved and possible complications that could arise. I understand there are no guarantees or assurances of the outcome of said procedures. I understand that there will be administration of anesthesia and the inherent risks of its use, including potential death. I understand that during the procedure or surgery, unforeseen complications may occur that call for procedures in addition to, or different from those listed. Therefore, I hereby consent to and authorize the performance of such procedure(s) or surgery(ies) as are necessary and desirable in the exercise of the Veterinarian's professional judgment.

Any questions about these conditions should be addressed prior to leaving your pet for treatment. Your signature implies full authorization and compliance. You assume full financial responsibility of all charges incurred to this patient and are aware payment is due in full at the time of service.

Owner/Owner's Agent _____ **Date:** _____

I can be reached at the following number(s) today: **Please circle the best one to reach you**
