



Animal Hospital of Montgomery  
18450 Hwy 105 West  
Montgomery, Texas 77535  
(936)5825-1555 option 1

## Anesthesia / Surgical Consent

**Client Name:**  
**Address:**

**Phone Number:**  
**Best Contact**  
**Number today:**

**Patient Name:**  
**Species:**  
**Breed:**  
**Sex:**  
**Color:**  
**Weight**

Anesthetic and surgical procedure(s) to be performed:

I, the undersigned owner or agent of the pet identified above, authorize the staff of to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

**I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.**

**I give my permission [yes]: ☐ I do not give my permission [no]: ☐**

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A complete physical exam will be performed on your pet prior to the surgical procedure. However, this may not identify all systemic or metabolic problems. For this reason, your pet will have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia unless you have specifically elected not to have it performed.

\*\* I Prefer Dr. to perform my pet's procedure.

\*\* I do not have a preference ☐

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: \_\_\_\_\_

Date: 10/23/17

<b>Pre-Surgical Blood testing (Additional Cost)</b>	Pets less than 7 years of age: Blood work is strongly recommended  <b>*Pets 7 years of age or older are required to have Blood work*</b>
Comprehensive Profile w/ CBC & Electrolytes <input type="checkbox"/> Accept cost - \$145	As your pet ages, blood work becomes more important. This profile rules out anemia, infection & dehydration and informs us of how the kidneys and liver are functioning as well additional enzymes that are important in anesthetized patients. Once your pet reaches 7 years of age it becomes mandatory at AHM to perform this profile.
<input type="checkbox"/> I Accept	My pet has had pre-surgical/anesthetic blood work within the last 21 days, and has been approved for anesthesia by Dr.
<input type="checkbox"/> I Decline	I decline all blood profiles at this time and accept any and all responsibility in the event there are complications that could have been avoided by doing the blood profile.

**IV Catheter and Laser Therapy:** A catheter is placed in your pets leg for immediate access in the event of complications. Fluids are administered through the IV catheter if it is necessary during the procedure. It helps maintain blood pressure and keep the electrolytes balanced during surgery. Laser Therapy is an application of multiple light waves delivered to the surgical site to aid in the speed of the healing cascade. Most surgical procedures will be monitored with continuous ECG while they are under anesthesia.

**Please select the box to accept or decline the following procedures!**

Feline Lkv/FIV/Fe Hw Test	\$60.90	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Heartworm Erlichia Lyme Test	\$53.00	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Fecal Test	\$33.60	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Vaccinations	Varies	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Pain Medication (to go home)	Varies	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Nail Trim	\$12.60	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Ear Cleaning/Plucking	Varies	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Microchip	\$65.10	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Dental Cleaning add-on to Surgery	\$160-\$220	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Tooth Extractions	\$12-\$68 each	Accept: <input type="checkbox"/>	Call First: <input type="checkbox"/>
Histopathology 1 site (FBX1)	\$205.91	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
Elizabethan Collar	\$10-\$50	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>
	Varies	Accept: <input type="checkbox"/>	Decline: <input type="checkbox"/>

**\*\*Any pet with fleas/ticks will be treated for an additional charge\*\***

**There will be additional costs for pets with retained baby teeth, male pets with retained testicles and female pets that are pregnant or in heat.**

**PLEASE READ EVERYTHING BEFORE SIGNING**

By signing below, I acknowledge that I have read and understand the above described information and accept all fees that my pet will incur while in the care of the Provider.

A technician may call you on the day of services to confirm the above. Number to call: \_\_\_\_\_

Date:

Client Signature

Reviewed with client by