

**Escatawpa Animal Clinic, PLLC  
Surgery and Anesthesia Consent Form**

Owner:  
Procedure:  
Date:

Patient:  
Sex:  
Date of Birth:

**Authorization and Risk Assessment**

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss my concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

While Escatawpa Animal Clinic provides the highest quality of anesthetic monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as of the results of cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Escatawpa Animal Clinic, the veterinarians, or any staff member liable for any complications that may arise.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. Some procedures may require a deposit at the time of drop-off.

**New pet to our clinic:**

Before any anesthesia may be administered to your pet, the doctor will perform a pre-surgical health exam (\$30), an intestinal parasite screen (\$12), and give a rabies vaccination which is required by state law (\$15). These services ensure that your pet is healthy and able to tolerate anesthesia and a surgical procedure. These services are required!

**Pre-Anesthetic Blood Work**

We highly recommend that pre-anesthetic blood tests be performed prior to administration of anesthesia. These tests (Complete Blood Count and Chemistry Panel) can help us detect anemia, dehydration, diabetes, kidney disease, liver disease, and many other health issues that could contribute to complications during anesthesia and surgery.

**If your pet is 8 years of age or older, pre-anesthetic blood work is required for the safety of your pet.**

**Also, upon examination of your pet, the doctor may require pre-anesthetic blood tests if your pet shows any signs of illness-- including, but not limited to: teeth or gum infections, skin infections, diarrhea, vaginal discharge, or any signs of declining health.**

**Please initial one (blood work is an additional charge of \$76.50, which includes a pre-anesthetic profile and a complete blood count):**

\_\_\_\_\_ YES, I accept pre-anesthetic blood work for my pet.

\_\_\_\_\_ NO, I decline pre-anesthetic blood work for my pet and understand the risks associated with declining blood work.

**Pain Medication**

We offer take-home pain medication for all animals undergoing surgery at an additional cost to you. Most pain medication ranges \$10.00-\$20.00 depending on the weight of your pet.

Please initial one:

\_\_\_\_\_ YES, I would like to have pain medication prescribed for my pet.

\_\_\_\_\_ NO, I do not wish to have pain medication prescribed for my pet.

**Histopathology**

We recommend sending masses, tumors, or stones to an outside lab for analysis. The histopathology tests the tissue of the mass or stone to determine exactly what type of cells the mass or stone is. The analysis of the type of cells allows the doctor to determine what type of disease may have caused the mass or stone. The cost for this test starts at \$90.00 and can be more expensive depending upon the mass or stone needed to be analyzed.

Please initial one:

\_\_\_\_\_ YES, I would like to have a histopahtology done for my pet.

\_\_\_\_\_ NO, I do not wish to have a histopahtology done for my pet and understand that the doctor may not be able to give me the most detailed aftercare instructions without knowing the type of tissue making up the mass or stone.

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM**

Signature of Pet Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_

Approximate time you will be available to pick up your pet: \_\_\_\_\_

**Patient History**

Has your pet had any medications in the last 72 hours? YES / NO

If yes, please list: \_\_\_\_\_

Is your pet allergic to any medications? YES / NO

If yes, please list: \_\_\_\_\_

Has your pet experienced any signs of illness within the last 48 hours? YES / NO

When was the last time your pet ate/drank water? \_\_\_\_\_ / \_\_\_\_\_

Has your pet been coughing, wheezing, or sneezing? YES / NO

**Other Services Desired While Pet is Sedated**

Please circle any services you would like to have done while your pet is sedated:

Ear Cleaning (\$15.00)

Express Anal Glands (\$17.50)

Fecal (\$12.00)

Heartworm Test (canine only) (\$32.00)

Microchipping (\$46.00)

Nail Trim (complimentary)

Remove Retained Baby Tooth (\$8.00)

FIV/FeLuk Test (feline only) \$46.00

Other: \_\_\_\_\_