Anesthetic/Surgery/Treatment Consent Form

Any procedure, such as those listed below, using anesthesia could possibly result in adverse complications. I understand that while the anesthetic used in this hospital is among the safest, there is no anesthesia without medical risks. No guarantee can be made legally or ethically on the outcome of any procedure performed and furthermore I agree to not hold Spring Hill Veterinary Clinic or its staff liable.

During surgery the veterinarian may come across unforeseen complications or conditions that may require extra labor and material, therefore resulting in additional charges. Some of those may include (but not limited to): pet **being in-heat, hernias** or **pregnant** during spay, **undescended testicles** during neuters, additional growths or infections. I understand the staff will do their best to inform me at the earliest point possible if additional costs will be incurred. I agree that my pet is or will need to be up to date on vaccinations (DA2PP/FVRCP and Rabies) and parasite free. If vaccinations are needed or parasites are found, my pet will be treated accordingly at my cost.

Medications: Would you prefer	pill/capsule orliquid medications to go home if needed?
my pet today before surgery. I und (liver/kidney issues, clotting issues	approve/ decline pre-anesthetic blood work (\$95) to be performed on erstand that pre-anesthetic bloodwork can help to detect any abnormalities s, infections) that could make this procedure a higher risk. Should any stand that the veterinarian may decline to do surgery and will contact me at
□ Deciduous (baby) Teeth Extraction	emoval ¹ Dental ² Dewclaws Declaw (cats) Hernia Repair on X-Ray Ultrasound S Microchip Vaccinations () Heartworm Test Combo Test
sent to an outside laboratory for a to study the manifestations of disease	erinarian removes a growth from your pet's body, it is recommended that it be Histopathology. Histopathology is a microscopic examination of tissue in order ase. The results will help us to better understand the best course of action for of your pet's health. Iapprove/decline Histopathology (\$145)
for the health of my pet. When teed and pain medications.	cleaning, diseased/fractured teeth may be discovered that need to be extracted that are extracted, my pet may be administer injections and sent home antibiotics
Call prior to extraction	No call needed prior to extraction
dispensed accordingly at my cos	ely, I understand needed extractions will be performed and medications t. I understand that SHVC does not have dental x-ray, so if my pet has any ues; I may need to be referred to a specialty clinic.
named below. I do hereby give the perform the above anesthetic/surg	Ty that I am the owner or duly authorized agent for the owner of the animal veterinarian, staff and representatives full and complete authority to sedate and pical procedure or treatments on the animal named below. I understand that e services when I pick my animal up.
Do you have our App? If not,	we would be happy to explain it to you and assist you in downloading today.
	Medication administered: (time and med)
	Date:
Owner/Agent Name & Signature Contact Number:	e: Check-In Initials