

LAKESIDE ANIMAL HOSPITAL

Surgery Consent Form

IMPORTANT: Phone number where you can be reached today: _____

PET'S NAME: _____ OWNER'S NAME: _____

I am the owner or agent for the owner of the above named pet and have the authority to execute this consent.

My pet is here for the following procedure (s):

___ **EAR CLEANING/FLUSH**

___ **SPAY**

___ **NEUTER**

___ **DECLAW (FRONT PAWS ONLY)**

___ **XRAYs**

Do you want an HOME AGAIN MICROCHIP (pet identification) Implanted? ___ Yes ___ No

(See our receptionist for more details and pricing for the Home Again Microchip)

OTHER (please describe in the space provided below)

I UNDERSTAND if my pet is not free of external parasites such as fleas and/or ticks, my pet will be treated appropriately at my expense.

I UNDERSTAND my pet must be immunized against rabies, distemper and bordatella in order to be hospitalized for any period of time at Lakeside Animal Hospital.

I UNDERSTAND that pre-anesthetic blood work will be done, at owners cost, prior to my pet being anesthetized for his/her safety.

DENTAL PROCEDURE / EXTRACTION WAIVER

While my pet is having a dental procedure performed today, I authorize the veterinarian to perform any extractions deemed necessary at the veterinarian's discretion. There is potentially an additional cost for this procedure. _____ initials

Lakeside Animal Hospital is to use all reasonable precautions against injury, escape or death of my pet. I understand that there are certain risks to anesthesia and surgery that could involve serious bodily injury or death, but Lakeside Animal Hospital will not be held accountable or liable in any manner in connection therewith as it is understood that I assume all risks. In the event that complications arise and I cannot be immediately contacted at the below listed number, Lakeside Animal Hospital is directed to make the decision deemed best for my pet.

I HAVE READ THE FOREGOING, UNDERSTAND WHAT IT SAYS, AND AGREE TO ALL TERMS.

Payment Method: Cash ___ Visa ___ MC ___ Discover ___ Amex ___ Care Credit ___

SIGNATURE _____ **DATE** _____

PRIMARY PHONE # _____ **SECONDARY PHONE #** _____

Checked in By (I have checked vax history, updated client info., estimates have been signed, etc.): _____