



# Small Animal Medicine & Surgery

3200 Sherrills Ford Road  
Salisbury, NC 28147  
704-636-6613  
Fax: 704-630-9218  
www.vetsalisbury.com

## Surgical and Anesthetic Consent Form

Dog & Cats (Drop-off between 7:30-8AM, No food after midnight the night prior, take up the water in the morning)  
Exotics (Drop-off between 7:30-8AM, Call office for instructions on food & water if needed)

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND** that it is vital that the veterinarian/staff are able to reach me if there are any questions and/or concerns regarding my pet. Please list a number(s) that you can be reached immediately in case of an emergency.

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

List all procedures that are to be completed today. This is required even if they have been discussed with the veterinarians and/or staff members previously. This will ensure that all desired procedures will be performed.

### Circle one answer for each question below:

#### Has your pet ever:

- Had a seizure? YES NO
- Been diagnosed with heart, kidney, liver or any other disease(s)? YES NO
- Been on long-term medication? YES NO
- If so, what medication(s)? \_\_\_\_\_ Last time Medication was given \_\_\_\_\_
- Has your pet been fasted for surgery YES NO

#### Surgical Considerations:

- Bloodwork(recommended yearly) YES NO
- IV Catheter Required (unless otherwise indicated by Doctor)
- IV Fluids YES NO or Dr.'s decision/Required if over 6 years  
(Helps maintain hydration, normal blood pressure and support organ function during anesthesia.)
- Companion Laser Therapy YES NO  
(Used in conjunction with pain medication to decrease surgical pain. It also speeds up healing time)
- Microchip (includes lifetime registration) YES NO or ALREADY HAS ONE
- CPR YES NO  
(By circling yes, I will be responsible for the additional cost in the event of a rare emergency situation, by circling no I understand the risk with this decision)
- E-collar to be sent home YES(My pet will bother the incision) NO(My pet will leave the incision alone!)  
(Normally not needed for Dentals)

I am an adult and the legal owner of the above named animal or I am responsible for it and have the authority to execute this consent. Realizing all surgery and anesthesia carries some risk, I agree to indemnify and hold the hospital, doctors, and staff of Small Animal Medicine & Surgery harmless from and against all liability arising out of the performance of the procedures stated above. We also make every effort to prepare owners for their financial obligations prior to surgery. Please remember an estimate is just that, an estimate of fees. **I have received an estimate for the procedure stated above?** YES NO **I would like an estimate prior to surgery** YES NO

By signing below, I have read, understand and agree to the above information.

\_\_\_\_\_  
Signature of Adult Legal Owner or Responsible Party

\_\_\_\_\_  
Date