

Westwood Hills Animal Hospital
3242 Leonard, St. N.W.
Grand Rapids MI 49534
(616) 453-8259

Surgery Consent Form
11/19/2020

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

I, the owner or agent for the above mentioned animal, have the authority to execute this consent. I hereby consent and authorize the performance of the following operation(s) and/or procedure(s):

*

I understand that during the performance of the above mentioned operation(s) and/or procedure(s), unforeseen conditions may be revealed that may require different procedure(s) and/or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) and/or operation(s) as are necessary in the exercise of the veterinarian's professional judgment. In dental cleaning procedures, this may involve the extraction of diseased teeth and/or dental radiographs.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that Westwood Hills Animal Hospital support personnel will be employed and utilized as deemed necessary by the veterinarian. I have been advised as to the nature of the operation(s) and/or procedure(s) and I understand that even the appropriate use of any anesthetic involves a firm risk to the animal. I realize that results cannot be guaranteed.

I understand that my pets nails may be trimmed while under anesthesia, and that there may be a green tattoo line placed for surgical sterilization procedures to identify the animal as spayed or neutered.

Current Emergency Contact Phone Number:

:

Patient History:

Yes No

- Do you have any questions or concerns? If yes, please explain.
 Did your pet receive any medications or supplements in the last 24 hours?
 Did your pet have anything to eat after midnight?
 Has your pet had any problems with anesthesia or medications in the past?
 Has your pet ever had a seizure?

For young pets, can we radiograph missing teeth and/or remove persistent deciduous teeth if necessary?

Pain Management and Control

Post-operation pain medication is highly recommended and is available for your pet. Costs vary slightly due to the age and weight of your pet. In dental procedures, this only applies if extractions are needed.

- Yes, I want the post-op pain medication**
 No, I decline the post-op pain medication

Microchips and Microchip Registration

Microchips are \$5 off with any surgery or dental procedure. This allows your pet a permanent means of identification. **This saves pets' lives!**

- Accept Microchip Decline Microchip

Pre-anesthetic Blood Testing

Your pet will undergo an operation and/or procedure that requires anesthesia. Before your pet is placed under anesthesia, a veterinarian will perform a physical exam to help identify any existing medical conditions that could complicate the procedure and pose a greater risk for your pet.

There is always the possibility that a physical exam alone will not identify all of the medical conditions that your pet may have. We strongly recommend a combination of blood tests be performed prior to anesthesia. These tests could alert us to any medical conditions which may be present in your pet. It is important to understand a pre-anesthetic profile does not guarantee the absence of anesthetic complications. The results from our pre-anesthetic profile will, however, help reduce the risk of anesthetic administration for your pet. It also serves as an excellent baseline in the event that your pet needs medical treatment in the future.

***The combination of blood tests we recommend for pets less than 8 years old:**

ALT ALKP BUN Creatinine BUN/Creatinine Ratio Glucose
Total Protein Albumin Globulin Electrolytes: Na+, Cl-, K+

***The combination of blood tests we REQUIRE for pets over 8 years old:**

BUN	Creatinine	ALKP	Electrolytes: Na+, Cl-, K+
ALT	Glucose	Total Protein	BUN/Creat Ratio
Albumin	Total Bilirubin	Phosphorous	GGT (in cats)
Cholesterol	Calcium	Amylase (in dogs)	Lipase (in dogs)

- I want the recommended pre-anesthetic testing.**
 I decline the recommended testing, understanding the higher risk for my pet.

00/00/00 Surgical consent Form-Electronic - Consent form for surgical procedure
Sharon Henn, DVM