



DEERFIELD ANIMAL HOSPITAL

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Surgical Consent Form

File #: <folder>

Owners' name: <first-name> <last-name>
<address>

<city>, <st> <zip>

Cell #: <cell-phone>

Email: <e-mail>

Date: <appt-date>

Pet's name: <animal>

Species: <species>

Sex: <sex-name>

Microchip #: <id>

Age: <age>

Breed: <breed>

Color: <color>

Is <cell-phone> the best number to reach you today? (Circle one) Yes or No

If no, what is the best number to contact you today? _____

I hereby declare under penalty of perjury that I am the owner (or authorized agent) of the above described animal and have full authority to execute this consent.

I authorize the performance of the following procedure(s): _____

Microchip: Please check one & initial

- My pet has a microchip and the current contact/registration information is up to date.
- My pet does not have a microchip yet, please chip my pet today at the additional expense.
- I decline microchipping my pet at this time, understanding it is required for the City of San Antonio for all pets living in the city limits along with current and up to date owner contact information.

Extractions

I authorize any extractions that are deemed medically necessary by the attending veterinarian during my pet's dental procedure. I understand that contacting me during anesthesia can delay care and increase anesthetic risk; therefore, the veterinarian will proceed with extractions as needed at their professional discretion. I understand that the cost of extractions will vary depending on the severity of dental disease and the size and location of the affected teeth. I understand and accept these terms and accept responsibility for any associated costs.

I authorize anesthesia/sedation for my pet. I recognize the nature of the surgical procedure(s) being performed and realize that certain risks and complications may be involved. I understand some risk always exists and I have discussed these with my veterinarian prior to the procedure being performed. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Deerfield Animal Hospital to perform any **additional** diagnostic, treatment, or surgical procedure(s) deemed necessary for medical complications or otherwise unforeseen circumstances. I understand there are rare complications associated with any anesthetic procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

Please check one & initial:

Blood has previously been done – date: _____

I authorize the required pre-anesthetic blood work (see estimate) _____ (initial)

I hereby request that Deerfield Animal Hospital provide the service for my animal. I agree to waive any or all claims against Deerfield Animal Hospital in the event of complications of my animal. I have read, understand and agree to follow all aftercare instructions provided and agree to bear full financial responsibility for any expenses incurred for any post-surgical complications. I fully understand the risks and understand the veterinarians and hospital staff will try to minimize such risks. I will not hold Deerfield Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise. _____

Date: _____

Surgeon: _____

Dr. seen patient: ____ Billed: ____

Owner signature: _____

Date: <appt-date>

Date: _____

Surgeon: _____

Dr. seen patient: ____ Billed: ____

Patient Name: <Animal>

History:

1. Verify vaccine and HW preventative status is current.
2. Verify if the pet has a microchip. Microchip: <id>: Registered: Yes or No
3. Verify procedure being performed: _____
4. Confirm record: Does it have additional plan highlighted "to be done with ..." (i.e. APE, anal glands/ear cleaning, etc.) Yes or No If yes, what additional procedures: _____
5. Any history of seizures? Yes or No
6. Any history of kidney/liver disease, recent pancreatitis, cardiac disease, or diabetes? Yes or No
List: _____
 - a. If yes, notify client the doctor may call to discuss any needed changes to our routine protocol.
7. Is the patient taking any meds (this past week) other than HW and flea prevention? (esp. aspirin, NSAIDs, or any steroids) Please list and also show to doctor doing SX: _____
8. Last time meds given: _____
9. If pet will stay overnight (boarding, hospitalization, etc.): Does your pet have a special diet or any meds to take while they are here with us? Did you bring them with you? Yes or No
10. When is the last time your pet ate? __:__ am/pm
11. When was the last time your pet drank? __:__ am/pm

Exam:

1. If dog spay or neuter, does pet have baby teeth? Yes or No
 - a. If yes, advise owner: removal might be recommended, cost is approx \$37 per tooth.
 - b. Permission to pull if Dr. recommends. Yes or No Please call first
2. If cat/dog neuter, (esp. new client), please check for both testicles if possible. If only one is found, notify Dr. **BEFORE** owner leaves. **This may change the incisions and type of surgery necessary for removal AND the cost.**
3. If cyst or mass removal, confirm exact location of each one. **If difficult to locate, be sure to mark with a sharpie or nail polish.**

Consent form:

Confirm with owner the procedures elected are on the form. Go over the form, making sure owner leaves a "good" phone number for this morning/early afternoon.

Final points:

Ask if any other questions/concerns. Owner will be called as animal is waking up, usually before 2pm but sometimes a bit later. Thank owner for coming, "we will take good care of him/her!"

TECH Initials _____

deerfield animal hospital
perioperative surgical sorm

patient: <ANIMAL>

file #: <FOLDER>

procedure(s): _____

Age: <AGE> **Birth day** <birthday> **Sex:** <sex-name>
name> <last-name>

Species: <species>

Client's name: <first-

Breed: <breed>

Color: <color>

Microchip #: <id>

Best number to call today: _____

Email: <e-mail>

Weight: _____ lbs _____ kgs **Temp:** _____ **HR:**

_____ **RR:** _____

IV Cath: _____ **Location:**

_____ **Fluid Type:** _____ **Start:** _____ **Stop:**

_____ **E-Tube:** _____ **O2 Bag:** _____ **PCV:**

Add'l Procedures	Yes/No	Done
Pre-Op Bloodwork		
Nail Trim		
Radiographs		
Microchip		
Dental		
Extract Deciduous Teeth		
Extractions approved		
Tumor Removal		
Biopsy to TVP		
Vaccines		
Express Anal Glands		
<i>Initials</i>		

Additional Notes:

- RV
- FVRCP
- FeLV
- Fecal

Meds to Rx:

Post- Op

Recovery: _____ (smooth, rough, etc...)

Sternal: _____

Called Owner:

RTG @: _____

