



## Surgical Consent Form

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

Primary Contact: Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Has your pet eaten this morning?  Yes  No

Surgical procedure being done: \_\_\_\_\_

Would you like your pet microchipped if they are not already? Yes - (\$48.00) No

Would you like any of these additional procedures done today?

- Nail Trim (complimentary)
- Anal Gland Expression (\$26.00)
- Ear Cleaning (\$25.00)

Our greatest concern is the well being of your pet. Prior to anesthesia, we will perform a pre-surgical evaluation. However, many conditions, including disorders of the liver, kidneys, or electrolyte function, are not detected unless blood testing is performed. **We recommend performing this test so we can evaluate the results prior to anesthesia and/or surgery.**

Bloodwork is required for pet's 8 years and older.

For pets under 8 years of age: I authorize Woodinville Animal Hospital to perform pre-anesthetic bloodwork on my pet: Yes (\$85.00) No

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**My signature below verifies the following:**

- A) The diagnosis, medical/surgical care and post surgical care has been described to my satisfaction.**
- B) I accept that all medical/surgical procedures involve some risk. I understand that these risks include but are not limited to:**
  - 1) General anesthesia: I realize that some patients may have adverse reactions to anesthesia that may result in permanent injury or death.**
  - 2) Infections can complicate wound healing: I realize that despite all precautions, a small percentage of patients may develop infections. I understand that these patients require additional medical care.**

**Unexpected outcomes: I understand that no promises or warranties can be given. I realize that complications can occur at any point during the procedure or the healing process. I accept that some complications can prevent my pet from achieving the outcome I had hoped for.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_