



HILTON HEAD VETERINARY CLINIC

SURGERY ADMISSION & CONSENT FORM

Owner's Name: _____ Pet's Name: _____ Pet's Age: _____

Procedure(s) to be completed: _____

Please circle yes or no for the following questions:

Has your pet had any food since 11pm last night? Yes/No

Has your pet been coughing, wheezing, or breathing hard? Yes/No

Has your pet been vomiting or having diarrhea? Yes/No

Would you like your pet microchipped? (\$54 – includes 1 year membership) Yes/No

Has your pet ever had an allergic or adverse reaction to a medication? Yes/No

If yes, please explain: _____

PRESANESTHETIC TESTING: Your pet is being admitted for surgery today. Your veterinarian will perform a physical exam. However, some conditions and illnesses cannot be detected during a physical exam. To make anesthesia as safe as possible, your pet must have pre-anesthetic blood tests to help identify potential problems. If not previously done, your pet's doctor will determine the appropriate blood tests needed for anesthetic safety and wellness. (\$133-\$198)

PAIN MANAGEMENT: All surgical patients receive pain medication to keep them comfortable during their recovery period. Some pets will be sent home with additional pain medications. (\$21-\$58)

ANESTHESIA SUPPORT: Placing a intravenous catheter prior to surgery allows fluids to be run during the procedure to help maintain blood pressure and allows emergency medications to be quickly administered. If our veterinarians feel an IV catheter and/or fluids are needed for your pet, there will be an additional cost. This is required for pets over 7 years old. (\$59)

AUTHORIZATION and CONSENT: I authorize the use of anesthesia and other medications as deemed necessary by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risk involved. I understand that there is always a risk associated with any anesthetic/sedated procedure, even in apparently healthy animals, and have discussed my concerns. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety and care of my pet. I authorize Hilton Head Veterinary Clinic to perform the listed procedure(s). I am the owner (or agent for the owner) and have full authority to execute this consent. I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

Signature: _____ Phone Number: _____ Date: _____