

Handsboro Animal Hospital
1445 E Pass Road
Gulfport MS 39507
Anesthesia/Surgery Consent Form
Date:

Client ID:
Client Name:
Address:

Telephone:

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

PLEASE CHECK THE PROCEDURE(S) YOU REQUEST			
<input type="checkbox"/> Neuter	<input type="checkbox"/> Spay	<input type="checkbox"/> Dental COHAT w/ xrays	<input type="checkbox"/> Tumor Removal
<input type="checkbox"/> Sedated Grooming	<input type="checkbox"/> Other _____		
Has your pet had any food in the last eight hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is your pet acting normal at home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is your pet on any daily medications? Have they been given?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF yes, please explain : _____			
If your pet is getting a tumor removal, would you like to send off for a biopsy? <input type="checkbox"/> YES <input type="checkbox"/> NO			

We recommend pre-surgical bloodwork screens for every surgery, no matter how routine. In order to recognize any underlying abnormalities your pet may have. This consists of a CBC, and a partial organ panel screening to ensure there are no additional precautions we should take. We highly recommend a blood profile for geriatric animals (animals older than 7 years).

There is an additional charge for these blood tests. We hope you understand the need for these important tests.

I DO _____ DO NOT _____ wish to have the pre-surgical blood work run today and I fully understand the risks that are involved with anesthesia. (Please initial above).

I hereby authorize Handsboro Animal Hospital to perform the above designated procedure(s), and understand that no guarantee can be given to the outcome.

Signature

{FULLNAME}

Contact Number