

**Southport Animal Hospital
Standard Surgical Consent Form**

Date: _____ **Account Number:** _____
Owner's Name: _____ **Contact Number:** _____
Animal's Name: _____ **Sex:** _____ **Breed:** _____

IN THE EVENT OF AN EMERGENCY OR QUESTIONS REGARDING YOUR PET'S TREATMENT WILL YOU BE AVILABLE AT THE ABOVE NUMBER? Y_ N_

I am the owner (or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for the purpose of surgery or the other procedures as specified by release, and approve of the use of whatever anesthetic or analgesics deemed best for the well-being of the animal. I understand that you will use reasonable precautions to assure the animal's safety/health while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill , have unforeseen complications/reactions or die. I am aware of potential complications associated with these procedures/drugs. [?] (Initial to indicate you have seen a list of potential complications). I absolve you of all liability arising from the performance of the procedures requested herein.

Authorized Procedures: _____

Pre-Anesthetic Blood Testing/Intra-operative Fluids

Like you, our greatest concern is the well-being of your pet. Before anesthetizing your animal, we perform a physical exam, but some conditions, including disorders of the liver, kidneys and blood, cannot be detected by physical exam. For this reason, we highly recommend this testing before any surgical procedure. The cost of these tests is \$101.44+ tax.

Our lab is fully equipped and staffed for these tests and they are available within minutes for review before any anesthetic drugs are given. Please indicate you choice below.

Intra-operative fluids can help maintain blood pressure, replace blood loss, speed recovery and aid in administration of life saving drugs if needed. Intraoperative fluids cost \$47.04 + tax. Please note, no test or fluids administration can make surgical risk zero.

Pre-Surg. Blood: Yes__No__ Microchip: Yes__No__ Food Withheld:Yes__No__

Intra-op fluids: Yes____ No____

Is your pet on any medications? Please list _____

Signed: _____ (Signature of legal owner or responsible person)