



CONSENT FORM

Date _____

Pet's Name _____

Owner's Name _____ Patient ID _____

Today's Phone Number _____ Weight _____

As the owner or agent of the owner of the above animal, I hereby give my consent to *South Arkansas Veterinary Hospital* to perform the following procedures:

1. _____
2. _____
3. _____

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect South Arkansas Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet.

1. _____
Signature of Owner/Agent

Pre-Anesthetic Bloodwork

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery has made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we recommend that all patients be screened prior to anesthesia by means of pre-anesthetic bloodwork. Please check either box below indicating your choice on pre-anesthetic bloodwork.

- Yes**, I do want pre-anesthetic bloodwork which will cost an EXTRA \$85.00
- No**, I do not want pre-anesthetic bloodwork performed on my pet prior to surgery

2. _____
Signature of Owner/Agent

Additional Services

Please note any additional services that you would like us to perform while your pet is anesthetized:

- Clean Ears \$10.00
- Nail Trim \$10.00