

Young's Animal Hospital Surgical Consent Form

Owner's Name: _____

Date: _____

Pet's Name: _____

Account #: _____

By signing below, I agree that I am the owner or responsible party of named animal, and am admitting my pet to Young's Animal Hospital and its doctors/healthcare team for care and hereby...

- Allow anesthetics, sedatives, pain management, and surgical/therapeutic procedures to be administered/performed per the doctor's recommendations.
- Acknowledge that in the event that I am unavailable at the contact numbers listed below and my pet has a medical emergency while here, the doctors may treat by any means necessary to provide supportive care and alleviate suffering until contact is made, at my financial responsibility.
- Release Young's Animal Hospital and its doctors/healthcare team from and against any and all liability arising out of procedures listed below and therapeutic/emergency treatments.
- Understand that full payment is due when services are rendered.

I authorize the following procedures:

Surgery: _____

(for dental procedures, see below)

Do you want a Microchip placed today?

Dental Procedures: Once the doctor has performed an oral exam and full mouth dental x-rays, if they deem extractions are required, do you accept extractions or would you prefer the doctor call first? Price varies based on number of extractions and difficulty of extractions.

All surgical patients receive pre-surgical blood work and a thorough exam in order to ensure the safe administration of an anesthetic protocol specific to your pet's needs. Prior to every surgical procedure, an IV catheter will be placed in your pet's leg to allow immediate access to your pet's bloodstream for fluid administration during surgery. The IV catheter is also important if emergency administration of drugs is needed. Each surgical patient will be prepared for surgery with advanced sterilization techniques. Blood pressure, heart rate, respiration, temperature, and many other parameters are closely monitored by a qualified technician who will be dedicated to your pet during and after each procedure.

SIGNATURE

PHONE NUMBER***

ALTERNATE NAME

ALTERNATE PHONE NUMBER

Contact Preference:

(If choosing text, you agree that we may send photos and release appointment information via text)

*****IT IS IMPERATIVE THAT YOU OR A RESPONSIBLE PERSON BE READILY AVAILABLE AT ONE OF THE CONTACT NUMBERS LISTED*****

OFFICE USE ONLY:
