

**SURGICAL & ANESTHESIA CONSENT**

Last Name: _____

Pet's Name: _____

Breed: _____

Age: _____

Sex: _____

I do hereby certify that I am the owner/guardian/agent of the pet described above and have full authority to execute this consent. I certify that my pet has not eaten in the last **8-12 hours** as recommended. I give my full authorization and consent to have the veterinarians of Parkland Veterinary Hospital to perform the surgical procedures listed below.

Procedure(s):

Pre-Surgical Blood Work: Your pet's risk of complications during and after anesthesia and surgery is tremendously greater if there is preexisting organ disease, malfunction, or failure. We require blood work before anesthesia and surgery to help rule out these problems or identify them and devise an alternative treatment plan to meet your pet's unique needs. These blood panels provide immensely valuable information.

Pets under 5 years of age: We perform a blood chemistry profile that assesses liver values, kidney values, blood glucose, and blood proteins. **Pets over 5 years of age:** We perform a COMPREHENSIVE blood chemistry profile that assesses liver values, kidney values, blood glucose, blood proteins, calcium, phosphorous, cholesterol, and more.

Post-Surgical Pain Management: The anesthetic protocol chosen by our doctor provides relief from pain during and up to 4-6 hours after surgery. For this reason, your pet should be comfortable, although possibly a little drowsy, upon discharge. One set of pain medication(s) will be sent home to be used after all surgical procedures for continued comfort and pain relief. Any additional or prolonged medication will be at owner's expense.

Healing and Recovery: We use **Laser Therapy** at the end of each surgical or dental procedure to help reduce **inflammation, pain, and swelling**. This treatment is proven to enhance and speed-up the healing process. As a result, we **require one treatment at a minimum**, but recommend **THE RECOVERY PACK**, which is a **set of three sessions proven to assist with healing and recovery** for **\$\$\$**.

___ **YES I DO** ___ **NO I DO NOT** want **THE RECOVERY PACK** for better healing.



PROCEDURE CONSENT FORM

7675 N State Rd 7, Parkland, FL 33073

Microchip Implantation: 1 in 3 pets go missing during their lifetime, and without proper identification, 90% never return home. A microchip is a form of permanent identification implanted under your pet's skin. The microchip is about the size of a grain of rice, is placed in a matter of seconds, and helps keep you connected to the pet you love, forever. Once registered, you can update your pet's online profile to include his/her picture and any pertinent medical information: **\$\$ - FREE LIFETIME REGISTRATION.**

___ **ALREADY CHIPPED** **OR**

___ **YES I DO** ___ **NO I DO NOT** want my pet to be **microchipped.**

I authorize the doctors and supporting staff of Parkland Veterinary Hospital to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the use of all anesthetic agents, sedatives, tranquilizers, and other medications and supportive care before, during, and after my pet's procedure deemed as necessary by my pet's attending veterinarian. I understand that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I have been advised of the risks and possible complications of my pet's procedure and that results and/or expected outcome cannot be guaranteed. If for any reason an emergency situation arises with my pet, the doctors and supporting staff of Parkland Veterinary Hospital have my full permission to provide medically necessary treatment, and I agree to assume full financial liability for any and all expenses incurred. I understand that payment is due at the time of service and that I am fully financially responsible for all services rendered. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

Signature of Owner / Guardian / Agent: _____

Date: _____

Phone Number: _____