

# Jacksonville Veterinary Hospital--Surgery Consent Form

Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Species: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

**I, the owner or responsible party of the above named animal, am admitting my pet to Jacksonville Veterinary Hospital and its doctors for care and hereby:**

- Allow anesthetics, sedatives, pain management, and surgical/therapeutic procedures as veterinarian's advise.
- Acknowledge that in the event I am unavailable at the emergency contact numbers listed below and my pet has a medical emergency while here, that the veterinarian may treat by any means necessary to provide supportive care and alleviate suffering until contact is made. If my pet needs 24 hour supervision which is not provided at this hospital, I authorize transport of my pet to a local emergency hospital.
- Hold Jacksonville Veterinary Hospital and its doctors harmless 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 and agree to take financial responsibility for the following**

**Surgery/Treatments:** \_\_\_\_\_

**\*For Mass Removals: Please show our staff the location of each mass to be removed.**

**Dentals:** The condition of your pet's teeth will be evaluated at time of procedure and teeth that pose a risk to your pet's health may have to be extracted. Our veterinarians recommend that all extractions be performed at initial dental to reduce future cost to the owner, decrease the risk of infection, and reduce the risks associated with additional anesthesia.

Please **INITIAL ONE** of the following options:

\_\_\_ Please perform extractions as necessary for an additional cost.

\_\_\_ Please call me before any extractions are done. If I am not available, perform extractions as necessary.

\_\_\_ Please call me before any extractions are done. If I am not available, **DO NOT** perform extractions. I understand the increased infection risk to my pet and realize that I may have to return for additional anesthesia, extractions, and cost at a future date.

Does your pet have any known medical conditions or a history of seizures? Y N If yes, please describe medical conditions: \_\_\_\_\_

Is your pet currently on any medications? Y N If yes, please list meds and instructions: \_\_\_\_\_

**Pre-anesthetic blood work: While the anesthetics that our veterinarians use are considered safe for your pet, we strongly recommend evaluating your pet's internal health by checking a blood sample before surgery. These values allow the veterinarian to determine how your pet's body will process anesthesia. As with any surgery, there can be potential for complications to arise both during and after a patient has been under anesthesia. Pre-anesthetic blood work allows the doctors to evaluate any hidden/internal problems that your pet may have before he/she is sedated.**

\_\_\_ **YES** I would like my pet's blood work evaluated before he/she is sedated.

\_\_\_ **NO** I do not wish to have my pet's blood work evaluated before he/she is sedated. I understand, in refusing this service I assume all responsibility for any problems that may result.

In addition to the above, the veterinarian has recommended the following highlighted services for your pet.

Please **INITIAL** those services you authorize to be performed during your pet's stay:

\_\_\_ Heartworm test

\_\_\_ Fecal exam

\_\_\_ FVRCP vaccine

\_\_\_ FeLV vaccine

\_\_\_ FeLV/ FIV test

\_\_\_ Rabies vaccine (**exam fee applies**)

\_\_\_ Distemper vaccine (**exam fee applies**)

\_\_\_ Leptospirosis vaccine

\_\_\_ Bordetella vaccine (**required for boarding/grooming**)

\_\_\_ Lyme vaccine

\_\_\_ Canine Influenza (**required for boarding/grooming**)

\_\_\_\_\_  
Signature of legal owner or responsible person

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Best Phone Number for Contact

\_\_\_\_\_  
Secondary Phone Number (if applicable)

***It is imperative that you or a responsible person be readily available at the emergency contact number.***