

Jacksonville Veterinary Hospital--Surgery Consent Form

Owner's Name: _____ Animal's Name: _____ Date: _____

Species: _____ Color: _____ Breed: _____ Sex: _____

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

- Allow anesthetics, sedatives, pain management, and surgical/therapeutic procedures at Doctor's advice.
- 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 Dr's 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:

Surgery/Treatments: _____

For Mass Removals: Please show our staff how many and the location of each mass.

Does your pet have any known medical conditions or a history of seizures? _____

If yes, please describe medical conditions _____

Is your pet currently on any medications? _____ 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 doctor has recommended the following highlighted services for your pet. Please **INITIAL** those services you authorize to be performed during your pet's stay:

- | | |
|---|---|
| _____ <input type="checkbox"/> Heartworm test | _____ <input type="checkbox"/> Rabies vaccine (required with exam fee) |
| _____ <input type="checkbox"/> Fecal exam | _____ <input type="checkbox"/> Distemper vaccine (required with exam fee) |
| _____ <input type="checkbox"/> FVRCP vaccine | _____ <input type="checkbox"/> Leptospirosis vaccine |
| _____ <input type="checkbox"/> FeLV vaccine | _____ <input type="checkbox"/> Bordetella vaccine (required for boarding/grooming) |
| _____ <input type="checkbox"/> FeLV/ FIV test | _____ <input type="checkbox"/> Lyme vaccine |
| | _____ <input type="checkbox"/> Canine Influenza (required for boarding/grooming) |

Emergency Contact Number - Circle One (Cell / Home / Work) _____

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

Best contact phone number for next day follow-up _____

Signature of legal owner or responsible person: _____ Date: _____