



Type of Surgery

Spay or Neuter Dental Other: _____

Surgical Procedures at an additional charge. As with any surgery requiring general anesthesia, there are certain risks that serious complications or even death may result. **To minimize the risk of such occurrences, we offer the following:**

Consent to Proceed or Stop Treatment

Proceed as the Doctor seems medically necessary

Do not proceed without prior consent, proceed only with procedures agreed to in the estimate. If you cannot be reached, the Doctor may have to take the patient off anesthesia without further procedures being performed

In case of emergency before, after or during the procedure, please be available by phone for today.

If you are NOT reachable at the time of contact you request our veterinarian to take one of the following actions:

Hip Dysplasia Screening (Optional for Canines)

Yes No

A Hip Dysplasia Screening can be performed at an additional cost of \$190. Hip dysplasia is a faulty development of the hip joint characterized by varying degrees of joint laxity that permit subluxation (partial dislocation) early in life. Hip dysplasia is the most prevalent disorder of the canine hip and the number one cause of degenerative arthritis. Although almost all breeds are at risk, hip dysplasia most commonly affects large and giant-breed dogs.

Home Again Microchip ID (Optional)

Yes No

A "Home Again" Microchip will be implanted at a cost of \$49.99. You may think that your pet is protected from getting lost. But accidents happen, and some things—like hurricanes and other natural disasters—are out of your control. In fact, one in three pets will become lost during their lifetime.

Authorization

As the owner of the above pet, I certify that I am over the age of 18 and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization.

Name: _____ Date: _____ Phone: _____

Signature: _____