

## Animal Medical Centre Surgical & Dental Consent Form

I, \_\_\_\_\_, give permission to Animal Medical Centre for my  
pet (name) \_\_\_\_\_ to receive the following treatment(s) or procedure(s):

- Ovariohysterectomy (Spay) \*If your pet is in heat or pregnant, there will be an additional charge\*
- Castration (Neuter)
- Tumor / Growth Removal Where? \_\_\_\_\_
- Dental Scaling and Polishing
- Consent for Dental Extractions if needed
- Deep ear cleaning while sedated
- Other \_\_\_\_\_

In order to safeguard the health of your pet by evaluating kidney and liver function to ensure that he/she is an appropriate candidate for sedation / anesthesia, our practice recommends performing a pre-anesthetic blood screening.

**Our practice will perform a pre-anesthetic blood screen (\$88) unless declined below.**

**Declining pre-anesthetic blood work is not optional in patients over 9 years.**

- No, I DO NOT wish to have a pre-anesthetic blood screen \_\_\_\_\_ (initial)

Would you like your pet to receive any of these other services?

- E-Collar (recommended for all surgical procedures)
- Histopathology to Test Tissue from Tumor / Growth
- Nail Trim (\$12 under sedation)
- Microchip (\$53- includes registration)
- Express Anal Glands (\$25)
- Ear Cleaning
- Update Vaccinations -Please List: \_\_\_\_\_
- Heartworm Test (\$55 inhouse)
- Elisa Feline Leukemia / FIV / Heartworm Test (\$60 inhouse)
- Other \_\_\_\_\_

I have been informed of the inherent risks and possible outcomes of the above described treatment(s) or procedure(s) and hereby give my informed consent.

Phone number(s) where I can be reached **AT ALL TIMES** today: \_\_\_\_\_

I agree that if it is a time sensitive issue, the Veterinarian can act in the best interest of my pet.  
(Initial) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*PLEASE NOTE\*\*\*\*

If your pet has fleas, we will have to administer a Capstar and you will be charged between \$10 - \$15  
according to weight.