

Petcare Animal Hospital
2701 So. 7th Street
(812) 235-1111
Surgery Consent Form

NAME: _____

Pet Name: _____

PHONE: _____

Your pet, _____, has been scheduled for the following surgical procedure(s): _____.

Every step will be taken to ensure your pet's safety during surgery including advanced surgical techniques, anesthetics, pain medication, and careful monitoring during anesthesia. We recommend that every pet receive the surgical safety package which includes preanesthetic bloodwork. The safety package ensures that every precaution is taken for your pet during surgery. Please indicate below if you are interested in the safety package for your pet.

- Yes, I would like the safety package.
 No, I do not want the safety package.

We recommend laser pain management therapy after surgery. We offer 2 choices. A single session is completed on the same day as surgery it is extremely safe and speeds the healing process while decreasing pain and inflammation. The 3 session package is spread out over 5 days. The first is done right after surgery, the remaining appointments are scheduled every other day.

- Yes, I would like laser pain management therapy
 Single session
 3 sessions
 No, I do not want laser pain management therapy

We strongly recommend that all pets be microchipped. Microchipping is a safe and painless way to permanently ID your pet. If your pet is ever lost, a microchip can greatly improve his chance of being reunited with you.

- My pet has already been microchipped.
 Yes, please microchip and register his number with homeAgain.
 No, I do not want to microchip at this time.

Even with every precaution, surgery and anesthesia involve risk that could lead to the injury or death of your pet. If you have any concerns regarding this procedure, please ask a staff member for clarification. Payment is expected at the time of discharge unless prior arrangements have been made. Please sign to indicate you have read the above and understand the surgical procedure and the possible risks involved.

Pets are released only during regular office hours. If you neglect to pick up your pet within 5 days of discharge, we will consider the pet abandoned, and therefore, we are legally authorized to take appropriate action.

Client Signature _____

DATE: _____