



MAJOR AND MINOR SURGERY CONSENT

Owner Name: _____ Patient Name: _____
 Species: _____ Breed: _____ Sex: _____
 Phone number that you can be reached at today: _____
 Procedure(s) to be performed: _____

Please Read Carefully and Sign:

I, the undersigned owner, or authorized agent of the pet identified, authorize the veterinarian(s) and staff at *Angelina Animal Hospital* to perform the above procedure(s). **I understand that some risks always exist and that I am encouraged to discuss any concerns that I have about the risks with the attending veterinarian & technician before the procedure(s) is/are initiated. My signature on this form indicates that any questions that I may have regarding the following issues have been answered to my satisfaction.**

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and most serious complications
- The length and type of follow-up care required
- The estimate of the fees for all services provided
- If females are in-heat/pregnant there is an additional charge
- If males are cryptorchid there is an additional charge
- All animals undergoing surgery will be sent home with mandatory antibiotics
- **Patients may be muzzled if needed!**

»All Animals that are altered e.g., **Spay/Neutered** are marked/tattooed with *N/S* to verify alteration»

Please INITIAL Below for additional procedures you wish to be performed or declined:

- | | | | |
|--|------------------|----------------|----------------|
| • Additional Pain Medication | \$16-\$35 | Approve: _____ | Decline: _____ |
| • Bloodwork (Less than 8 years) | \$150 | Approve: _____ | Decline: _____ |
| • Bloodwork (Over 8 years) | \$180 | Approve: _____ | Decline: _____ |
| • Laser therapy (Minor Surgery)(per session) | \$17 | Approve: _____ | Decline: _____ |
| • Laser Therapy (Major Surgery)(ask for pricing) | | Approve: _____ | Decline: _____ |
| • E-Collar | \$16 | Approve: _____ | Decline: _____ |

Before performing ANY surgery or any other procedure/hospitalization, your pet must be up to date (minimum of rabies and distemper/parvo) and free of any external and internal parasites, i.e., fleas and ticks. (We also highly recommend testing for heartworms. If your pet is not current on the above, **additional charges** may be incurred to have these completed and cleared by our hospital. i.e., fecal exam & deworming) → **Each animal undergoing surgery at AAH is required to be flea free, AAH staff will administer a Capstar at owners' expense if fleas are seen perioperatively.**

- All Animals that are undergoing any surgery, specifically major surgeries (example: Hematoma Repairs, Leg Pins, FHO's, GI Surgeries', Exploratory etc...) will be given an estimate that includes **REQUIRED** pain medication, E-Collar, and Bloodwork as funds allow for the general wellbeing of the patient.
- **Angelina Animal Hospital, LLC has a Biohazard Waste Fee (Minimum)- 8.00 added to all medical procedures/Exams**

I (Owner) _____ understand that (Patient) _____ is undergoing major OR (minor) surgery, and that all medical or surgical treatment involves risks. These risks have been explained to me. Estimate (estimate price may vary) from \$ _____ to \$ _____ +/- initial _____
 Deposit on hospitalized patient \$ _____ initial _____
 Final bill may be more or less than the estimated quote up to 20%. During the procedure, if the bill reaches over the 20% quoted price, a staff member will reach out for an additional deposit.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility and provide payment via cash, check, or credit card. I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Authorized Agent: _____

Date ____/____/____