

Gardner & Hydrick Veterinary Clinic

1803 E. Oglethorpe Blvd

Albany, GA 31705

229-439-7044

Anesthesia/Surgery Consent Form

Last Name: _____

Patient Name: _____

Procedure(s): _____ Date: ___/___/___

Dismissal Date/Time: _____

BEST # TO CONTACT YOU IN CASE OF EMERGENCY



****If your pet is in heat, pregnant or has a retained testicle, please notify front staff. ADDITIONAL FEES MAY APPLY!!**

- **Pain Management** (this is for a *prescription* for home administration)

Animals are not able to express pain as easily as we are. Often, they hide their pain from people & there may be no obvious external indications of their discomfort. Certain procedures are more painful than others & may require additional pain medications. Effective pain medication is available to promote a more rapid recovery for your pet. ****This is a REQUIREMENT for some procedures.** The cost will be between \$17 - \$30 depending on your pet's weight.**

I DO DO NOT wish to have pain medication for home.

(Please Initial)

- **Histopathology Report** (recommended for all mass removals)

If your pet is having a mass removed, you may choose for us to submit it to the lab for further analysis. This will reveal the type of mass that was removed and the likelihood of recurrence or metastasis. **The cost for this test is \$108.15 for first mass submission, \$52.50 each additional.**

I DO DO NOT wish to have my pet's mass submitted for histopathology.

(Please Initial)

CIRCLE IF N/A

- **Pre-anesthetic Blood Work** (recommended for all ages, especially if your pet is over 7 years old)

This blood work consists of a Complete Blood Count to check for anemia and other illness, and a chemistry panel to check kidney & liver function. This test will help us identify underlying health issues that may influence your pet's ability to recover from anesthesia & will give us a baseline in the case of any future illness. **There is an additional charge of \$110.25 for this.**

I DO DO NOT wish to have pre-anesthetic blood work today.

(Please Initial)

- **IV Fluids** (Required for any surgery)

This involves placing an intravenous catheter into your pet's leg, which may mean that his/her leg will be shaved. Low blood pressure is very common during all anesthetic episodes. Giving IV fluids will help protect your pet from these effects. This will also allow us to have easy IV access to save your pet in case of an emergency. **There is an additional charge of \$31.50 - \$63.00 for the catheter and fluids during surgery. (Price depends on type of surgery.)**

- **Microchip** (recommended for 'escape artists')

This involves placing a small microchip under your pet's skin. This will help aid the recovery of your pet in case he/she gets lost. This requires that your dog be registered on the microchip manufacturer's website. Many shelters and veterinary hospitals have these scanners and can report a found dog if they are registered. **There is an additional charge of \$48.30.**

I DO DO NOT wish to have a microchip placed today.

(Please Initial)

- **Elizabethan Collar** (recommended for all surgical procedures)

This is a plastic cone that goes around the animals neck to prevent licking/biting at incision. **The cost is \$16.80.**

I DO [] DO NOT [] wish to have an e-collar.

(Please Initial) []

- **Nail Trim** (done under anesthesia reducing stress for the pet). **The cost is \$8.40.**

I DO [] DO NOT [] wish to have my pet's nails trimmed.

(Please Initial) []

PLEASE NOTE:

- All animals are **REQUIRED BY LAW** to be current on their **RABIES** vaccination (within 1 year of the last rabies vaccination). If proof of vaccination is not available, your pet will be vaccinated for Rabies at your expense. Our practice policy is for all dogs to be current on their Bordetella/Kennel Cough vaccine. This is for the safety of ALL dogs housed in our facility. They must also be on a monthly flea prevention or will receive a Capstar at owner's expense.
- Gardner & Hydrick Veterinary Clinic requires that all **FEES MUST BE PAID IN FULL** when services are rendered. Payments may include: Cash, Visa, MasterCard, Discover or Care Credit. If necessary, please ask for an estimate before signing this form.

Authorization to Perform Anesthesia and/or Surgery

I hereby authorize Gardner & Hydrick Veterinary Clinic to perform the diagnostic, therapeutic and/or surgical procedures named above. The cost and nature of such services has been described to my satisfaction and I realize that no guarantee or warranty can be made, ethically or professionally, regarding the results/outcome of the procedure. I have been made aware of the risks associated with anesthesia and surgery and understand that Gardner & Hydrick Veterinary Clinic will do everything within their means to reduce those risks.

I authorize Gardner & Hydrick Veterinary Clinic to treat my pet in case of an emergency. I understand that the staff will contact me as soon as possible regarding the emergency and that I will be responsible for any additional charges that may result from this emergency.

I understand that any estimates given for services are only an estimated price. I acknowledge that Gardner & Hydrick Veterinary Clinic attempts to give as accurate of an estimate as possible; however, I understand that there may be unforeseen complications and further treatment may be necessary during or following the procedure. If I am unable to be reached for question at the number I have left, I understand that the veterinarians at Gardner & Hydrick Veterinary Clinic will use their professional judgment with regards to the treatment of my pet and that this may result in additional charges.

I am the owner/agent of the animal presented here today. I accept and assume full and total financial responsibility for any and all services rendered. Understand the **PAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED** and that my veterinarian has the authority to keep my pet until all charges are paid in full. I agree to pick up my pet within 10 days of the pick-up/discharge date. I understand that if I do not pick up my pet or if I am unable to be reached regarding the status of my pet's release during those 10 days, that my pet will be considered abandoned and become property of Gardner & Hydrick Veterinary Clinic. I understand that if I am unable to pick up my pet within the designated time, I will contact Gardner & Hydrick Veterinary Clinic and make arrangements for a continued stay. **Each business day ends at 5:30pm and pickup is before 5:00pm.** Additional stay will incur additional charges for medical boarding if indicated in the amount of \$29.40 per night or regular boarding costing between \$18.90-\$21 per night.

Owner/Agent's Name (printed): []

Date: [] / [] / []

Owner/Agent's Signature: []