

Ladson Veterinary Hospital
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3679 Ladson Rd. Suite 101 Ladson, SC 29456
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SURGICAL CONSENT FORM

Date: <date>

Client No: <number>

Client: <first-name> <last-name>

Address: <address>

City: <city>, <st> <zip>

Cell Phone: <cell-phone>

Pet: <animal>

Breed: <breed>

Age: <age>

Sex: <sex>

All of our surgeries reflect the high quality of care our clients would wish for themselves. With every surgery, pain medication is provided as well as surgical monitoring during procedures to ensure the safety of our patients. Pre-anesthetic bloodwork is performed before *all* full surgeries, which provides a high level of confidence during surgery. The pre-anesthetic bloodwork helps to eliminate any potential abnormalities of the body, including kidneys and liver as well as additional body systems. Bloodwork panels alert the doctor of dehydration, anemia, infection, and diabetes. It also allows the doctor to make diagnoses and recommend treatment if necessary.

There are always risks involved with anesthesia/sedation, yet with the individual care and attention we provide for your pets, complications are minimized. Complications can include, but are not limited to, loss of mentation, slow recovery and death. These complications are rare. If there should be any abnormal results on bloodwork or complications with anesthesia, a doctor will contact the client and discuss the results before/during surgery. For surgery being performed please refer to the estimate.

____ I understand that my pet may undergo surgery.

____ I would like my pet's nails trimmed during this procedure for an additional \$11.

____ I would like to get my pet microchipped while under anesthesia.

Please choose one:

____ I would like a standard plastic Elizabethan collar for <animal>. (\$\$)

____ I would like a more giving Calmer collar for <animal>. (\$\$\$)

Signature of owner

Phone # reachable by day: _____
Secondary phone #: _____