

ISLANDSIDE SURGICAL CONSENT FORM

NAME: _____ **PATIENT NAME:** _____

BEST PHONE #: _____ **2nd PHONE #:** _____

I am the owner/agent for the owner of the animal and have the authority to execute this consent. I hereby consent and authorize the use of anesthesia and pain medications, and the performance of the following procedure(s): _____

*****PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW *****

- Your pet is scheduled for a procedure that requires anesthesia. Our greatest concern is the well-being of your pet. Before surgery, a veterinarian will perform a physical exam. Please note all surgeries are subject to doctor discretion. If the doctor determines surgery is not in the best interest of your animal the surgery may be postponed or declined. Please be available and check your phone in case we need to contact you.
- I request you proceed with anesthesia. I understand that a medical condition may exist that may not be identified by a physical exam alone. I understand my pet’s health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. I understand I can request pre-anesthetic bloodwork to be done prior to any anesthetic procedure if it has not already been performed. Pre-anesthetic bloodwork performed at least 48 hours prior to surgery will cost \$75. If performed in-hospital the day of surgery the cost is \$115. I want this additional bloodwork performed. ___YES___ NO.
- I also consent to the performance of any medical treatment deemed necessary by the veterinarian to preserve the life of my pet, and will be responsible for the costs of such treatments and medicines.
- If animal does not have proof of up to date Rabies vaccine, a 1yr Rabies vaccine will be administered at time of surgery. Any additional vaccines or services can be requested below:

Rabies 1yr ___ \$22 or 3yr ___ vaccine \$36 (requires proof of prior vaccination)

DHPP ___ \$36 or DA2LPP ___ vaccine \$38 (K9 Distemper/Parvo with or without Lepto)

Bordetella \$20 ___

Heartworm Test \$38 ___

Fecal Test \$25 ___

Microchip \$35 ___

FVRCP vaccine \$23 ___

FELV vaccine \$30___

FELV/FIV TEST \$38___

Ear Cleaning \$20___

Anal Glands \$25___

I agree and understand that by signing the Electronic Signature Acknowledgement and Consent Form that all electronic signatures are the legal equivalent of my manual/handwritten signature.

SIGNATURE OF OWNER/AGENT: _____ **DATE** _____