



85 Buford Highway  
 Suwanee, GA 30024  
 (770) 271-8716  
 FAX (770) 271-1944  
 www.suwaneeanimalhospital.com

**Hours:**  
 Monday- Thursday 6:30 am-8 pm  
 Friday 6:30 am-6 pm  
 Saturday 8 am-4 pm  
 Closed Sundays/Major Holidays

## CONSENT FOR SURGERY OR SPECIAL PROCEDURES

CLIENT NAME: \_\_\_\_\_ PET: \_\_\_\_\_ Phone: \_\_\_\_\_

Procedures to be performed: \_\_\_\_\_  Canine  Feline

### Authorization

I hereby authorize Suwanee Animal Hospital, its employees, representatives, or agent, to receive, hospitalize, care for, vaccinate, prescribe for, medicate, bathe, sedate, anesthetize, and/or operate upon my animal as they deem necessary for the health, safety, or well being of my pet. I recognize that during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those set forth above, and authorize the doctor(s) performing such procedures if deemed necessary.

I am aware that the practice of veterinary medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure. I am aware of the risks and consequences that are associated with the procedure listed above. I understand that there will be an additional fee for spay patients that are in heat or pregnant. I also understand that all animals must be current on vaccines (Rabies and Distemper within 12 months, or current on puppy/kitten series, and for dogs, Kennel Cough/Bordetella within 6 months) and flea free. Patients that are not current on vaccines or those without proof of vaccination will be vaccinated for the required vaccines at the owner's expense, and those with fleas will be treated with an individual dose of Capstar, Advantage or Frontline Plus at the owner's expense. We also recommend all pets be on a heartworm preventative.

Would you like us to do a heartworm test and or fecal today? **Heartworm Test: Yes**  **No**  **Fecal: Yes**  **No**

For the safety and comfort of your pet, we offer (and may require) certain precautions or tests to make the anesthesia as safe as possible. Please indicate which procedures you request us to take with your pet:

### ACCEPT DECLINE

- Pre-Anesthetic Blood work** screen liver, kidney & diseases that may increase anesthesia risk
  - Short Profile (\$88) 6 test mini panel. **Required if 6-9yrs old.**
  - Full Profile (\$115) 12 test panel. **Required if 10+ yrs old.**
  - Feline Leukemia/Feline AIDS test (\$55)
  - Canine Heartworm test (\$30)
  - Other \_\_\_\_\_
- I.V. Catheter**(\$32). Maintain blood pressure, kidneys, give emergency medication **Req 6+yrs.**
- Pain Medication** (\$28). Injection of pain medication post-op. Required for Declaw procedures.
- Additional pain medication to go home** (approx. \$30). Required for Declaw procedures.
- Microchip Placement** (\$45). Additional lifetime registration fee (see brochure for details).

Is there anything else you want the doctor to check or perform while your pet is here?

- clip nails (\$18) express anal glands (\$22) check/treat ears (\$50+) other \_\_\_\_\_
- refill heartworm preventative  refill flea or flea/tick preventative

Would you prefer a text message rather than a phone call with an update on your pet? Yes No

Phone Number: \_\_\_\_\_

### SIGNATURE

<b>X</b>	Date: _____
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