



G.M. Goodridge, D.V.M.
 K.L. Mould, D.V.M.
 C.J. Hickling, D.V.M.
 H.J. McDonald, D.V.M.
 G.D. Clark, D.V.M.
 L.N. Paetkau

SURGERY CONSENT FORM
 under 6 years of age

Client Name: _____

Patient Name: _____

I am the owner, or the agent for the owner, of the animal described above and I have the authority to execute this consent. I hereby consent and authorize Centennial Animal Hospital staff to perform the procedure listed below.

Procedure: _____

I understand that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I understand there are risks associated with the use of any anesthetic or medication.

Pre-anesthetic screening consent/waiver:

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before we sedate your pet. However, many conditions, including disorders of the kidneys, liver & heart cannot be detected without laboratory blood screening. For these reasons, we highly recommend doing a comprehensive bloodwork panel for your pet.
 This is an additional cost of **\$105.00**

Accept _____ **Decline** _____

Laser Surgery Consent:

For select procedures the use of a CO2 laser is available. The laser minimizes bleeding and seals nerve endings thereby reducing post-operative swelling and pain and improves recovery. Cost for laser varies based on the procedure.

Accept _____ **Decline** _____

I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

**** I agree to pay the full amount that is due *before* the patient is discharged ****

Signed: _____ Date: _____

I may be reached at the following number(s) today: _____