

**Animal Hospital of Lake Villa
CONSENT FOR SURGERY, ANESTHESIA,
AND OTHER MEDICAL SERVICES**



The Standard of
Veterinary Excellence

Owner's (Agent's) Name _____ Date _____

Pet's Name _____ Breed _____ Sex _____

Age _____ Color _____ Markings _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Animal Hospital of Lake Villa, its agents, and/or representatives, full and complete authority to perform the surgical/medical procedure described as

I further consent to the performance of operations and procedures in addition to or different from those now contemplated, arising from presently unforeseen conditions, which the above-named veterinarian or his associates or assistants may consider necessary or advisable in the course of the operation. I further consent to the administration of such anesthetics as may be considered necessary or advisable by the veterinarian responsible for this service.

As my signature below indicates, I understand the nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications, and I have no further questions. I recognize that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees or assurances have been given to me as to the result of any treatment, medication or procedure given at the hospital.

PRE-ANESTHIC BLOOD WORK TESTING

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys or blood, are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery. For these reasons, we highly recommend blood screening before such procedures. The estimated cost of these important tests are: \$ _____

- YES, I want to have a pre-anesthesia blood screen** **NO, I do not want my pet to have a pre-anesthesia blood screen**

Microchip identification placement

- Yes, I would like a micro-chip inserted into my pet while he/she is in the hospital and/ or under anesthesia.

Initials for micro-chipping _____

PAYMENT POLICY

The undersigned also understands that all services are to be paid in total when the pet(s) is/are discharged unless prior arrangements are made. The Owner or Agent promises to pay such TOTAL, together with any other charges, finance and/ or collection, due thereon. A written estimate will be furnished upon request.

I have read and understand the above:

Signature of owner or duly authorized agent of pet(s) _____

Phone # during surgery _____
This is important in case we have to call during the procedure.