

**Boulevard Animal Hospital
Surgery Consent Form**

Owner's Name: _____

Pet's Name: _____ Age: _____

Procedure(s): _____

I hereby authorize the Veterinarians of Boulevard Animal Hospital to perform the above procedures and any additional diagnostics and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand there is a risk involved in these procedures, including that of anesthesia.

To ensure the protection of all pets under our care, all pets must be free of internal and external parasites, and current on all vaccinations, or they will be administered/treated upon admission at the owner's expense.

Pre-Anesthetic Blood Screening

Your pet is in for anesthesia for surgery and will be given a full physical examination before anesthesia is administered. However, it is recommended that pre-anesthetic bloodwork be performed to confirm that your pet's organs are functioning properly and to reveal any hidden health conditions that could put your pet at risk with the anesthesia or the procedure.

Profile #1 Patients 7 years or younger (\$105.34)

BUN (kidney), ALKP (liver), Glucose (blood sugar), TP (hydration), Creatinine (kidneys), CBC (anemia, infection, clotting), ALT (liver), and Electrolytes (sodium, potassium, chloride).

Profile #2 Patients 8 years or older (\$177.84)

Includes all the tests in Profile #1 plus: Albumin (protein), Phosphorus (kidney), Calcium (tumors), Total Bilirubin (liver), Cholesterol Globulin (immune status), and Amylase (pancreas).

Initial here _____ to *ACCEPT* the Pre-Anesthetic Blood Screening.

Initial here _____ to *DECLINE* the Pre-Anesthetic Blood Screening.

Dental Extractions

Please be advised we can only accurately assess your pet's teeth and gums under general anesthesia. For this reason we can't always predict if a tooth extraction will be necessary until the procedure is under way.

Initial here _____ to *authorize any extractions* that are deemed necessary by the veterinarian due to exposed nerves, abscesses, fractures, etc.

Initial here _____ to *request a phone call before any extractions are performed*. I understand if I am not reachable at the number below all teeth will remain in place regardless of condition and my pet will be brought out of anesthesia.

Phone Number(s): _____

Please initial any additional procedures you would like performed while your pet is under anesthesia:

_____ HomeAgain Microchip (\$75.00)

_____ Other: _____

_____ Growth Removal (please mark the location of the growth(s) on the chart found on the back of this form).

I have read and accept the above conditions of the hospital admission statement.

I understand that I assume financial responsibility for services rendered and that payment is due, in full, upon discharge. (Estimates available upon request.)

Signature of Owner: _____ Date: _____

Emergency Number: _____ Pick up time: _____

