



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 (\$132.25)

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 (\$226.65)

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 Treatment Directive

In pets, the teeth can not be thoroughly studied until the pet is anesthetized and radiographs have been performed. Once under anesthesia, we evaluate each individual tooth and the entire oral cavity for any problems that may need attention. Many pets need some form of additional dental surgery such as extractions. We realize that you may not have planned for these additional services.

Initial here _____ to **authorize any extractions or additional procedures** that are deemed necessary by the veterinarian due to exposed nerves, abscesses, fractures, etc. I understand that there will be additional charges.

Initial here _____ to **request a phone call before any extractions or additional procedures are performed**. We must be able to reach you by phone if we find any issues in order to recommend a treatment plan. We will make every reasonable attempt to contact you with the provided phone number(s) prior to proceeding with any additional services. However, procedures requiring anesthesia are time-sensitive and provide a narrow window of time in which to reach you. In the event we are not able to reach you, we will proceed with any additional extractions or procedures that are deemed necessary by the veterinarian. I understand that there will be additional charges. For your pet's safety, please list where you can be reached without delay.

Phone Number: _____ Alternate Contact Name & Number: _____

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

_____ HomeAgain Microchip (**\$81.19**)

_____ Growth Removal (please mark the location of the growth(s) on the chart).

_____ Other: _____

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 Phone Number: _____

