



MURRAY ANIMAL HOSPITAL, INC.

SURGICAL CONSENT FORM

Owner's Name _____

Animal's Name _____

Your pet is having a procedure that will require anesthesia. Some conditions, which may influence the effect of the anesthetic on your pet, may not be evident during a routine examination. The following procedures are recommended to ensure your pet has the safest experience under anesthesia possible.

Certain animals are at a higher risk under anesthesia, such as brachiocephalic breeds (short nosed dogs), dogs under five months of age (ear crops), and geriatric animals (7+ years of age). In these cases, we require Pre-Anesthetic Blood Work, an IV Catheter, and an EKG prior to any procedure or surgery requiring anesthesia.

PRE-ANESTHETIC BLOOD WORK:

This procedure is recommended to properly evaluate your pet's ability to metabolize the anesthetic agent and to better insure your pet's safety. The cost of this procedure is \$37.50.

BUN: TESTS FOR KIDNEY FUNCTION

ALT: TESTS FOR LIVER FUNCTION

PCV: MEASURES DEHYDRATION AND ADEQUACY OF RED BLOOD CELL NUMBERS.

CLOTTING TIME: MEASURES THE ANIMAL'S ABILITY TO CONTROL BLEEDING.

YES _____ NO _____

ANALGESIC INJECTION:

This procedure is recommended to alleviate any pain your animal may experience. The cost of this procedure is \$17.00.

YES _____ NO _____

IV CATHETER:

An IV catheter is the quickest and most efficient way to administer emergency drugs if needed. The cost of this procedure is \$29.50.

YES _____ NO _____

EKG-Pre-op:

An EKG helps us determine if your pet has any undiagnosed heart problems. The cost of this procedure is \$53.50.

YES _____ NO _____

AT HOME PAIN MANAGEMENT

This medication is to help alleviate any pain your pet may experience over the next few days following surgery. The cost of this medication is \$10.50.

YES _____ NO _____

WOULD YOU LIKE TO HAVE YOUR PET MICROCHIPPED TODAY?

The cost for this procedure is \$16.75.

YES _____ NO _____

I am the owner or responsible party and have read and agree to the indicated procedures above. I understand and accept the inherent risks associated with anesthesia for this surgical procedure.

Signature: _____ Date: _____

Contact Number: _____