

Cypress Creek Animal Hospital
15400 Ranch Road 12 North
Wimberley, Texas 78676
512-847-5514

Surgical Consent Form

Date: _____

Client: _____

Patient: _____

Surgical Procedures: _____

I certify that I am the owner, or acting agent of the owner, of this animal, and I understand there is an unavoidable risk with any type of anesthetic or surgical procedure, and have been advised of the benefits and risks by the veterinarian involved.

I am also willing to assume responsibility for payment of all fees in connection with this animal and understand that full payment is due when pet is picked up.

Signature: _____

Daytime phone or cell # _____

Laboratory Test and Pain Medication Waiver

Pre-anesthesia Blood Screen: If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we recommend that your pet be screened prior to anesthesia by means of the following laboratory test. This blood screen checks for conditions such as anemia, diabetes, kidney or liver failure, and other potentially serious underlying problems. This test will be performed (and you will be billed for it) unless you refuse it by initialing and signing below.

Pain Medication: A certain amount of pain is to be expected with your pet's surgery today. We feel every attempt should be made to eliminate this pain. An injectable pain medication will be given at the time of surgery and oral pain medication will be sent home with your pet.

Initial for Refusal:

_____ **Pre-anesthesia Blood Screen \$53.40**

_____ **Pain Medication \$25.00 - \$35.00 (depending on weight)**