

Surgery Consent Form

Westwood Veterinary Hospital

C. Douglas Aldridge, DVM

Client name:

Today's reachable number: _____

Patient name: _____ Species: _____ Breed: _____ Color: _____

Sex (include whether spayed/neutered): _____ Age: _____

Birthday (if known): _____

Scheduled Procedure: _____

We have the option to use a laser to make incisions for an additional cost. There is less risk of infection and less bleeding when we use this method. **Would you like your pet to have incisions made by laser?** Yes No

Would you like your pet's vaccinations updated today? Please mark any you'd like them to receive.

Canine:

- Rabies
- DHLPP
- Bordetella (kennel cough)
- Rattlesnake

Feline:

- Rabies
- FVRCP
- Feline Leukemia

Additional services that can be performed along with my pet's surgery:

Nail Trim

Anal Gland
Expression

Heartworm
Test

Fecal
Test

Ear Flush

Dr. Aldridge recommends the following test(s) before any anesthesia procedure which may reveal pre-existing conditions that might show a reason not to proceed. **The pre-operative blood profile is required on patients over 6 years of age. The ECG test is required on all patients who have been diagnosed with a heart murmur.**

I would like to have the pre-operative blood test (\$87.50)

I would like to have the pre-operative ECG test (\$97.50)

I understand that during the procedure, unforeseen conditions may be revealed that necessitate an expansion or variance in the procedure(s) authorized above. I expect Westwood Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure(s) and the risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet.

Promissory Note:

I understand and agree that I am financially responsible for the payment for all services received and will be charged the interest of 1.5% of any balance over 30 days. If legal action is required to collect any fees due, I will be required to pay actual court cost and attorney fees.

Signature: _____ Date: _____