

Surgical Consent Form

A Central North Animal Hospital
418 West Northwest Highway Mt. Prospect Il, 60056

Owner's Name: _____

Contact Number(s): _____ or _____

Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Sex: _____

Procedure(s): _____

Please read the following and circle either agree or decline and initial.

Pre-anesthesia blood panel: Cost: 0-2 years: \$40* 2 years and up: \$118*

I understand the need, and would like to, have my pet's blood run, prior to being placed under anesthesia.

AGREE / DECLINE _____

Anesthetic Monitoring: Cost: \$44*

I understand the necessity, and would like to, have my pet monitored under anesthesia via ECG, SPO2, and Blood pressure

AGREE / DECLINE _____

Pain Medication: Cost: \$30 - \$50*

I understand the need, and would like to, have an injection of pain medication as well as oral pain medication given to my pet.

AGREE / DECLINE _____

Homeagain Microchip Identification System: Cost: \$60.00* .

I understand the need, and would like, for my pet to be implanted with a microchip.

AGREE / DECLINE / N/A (my is already implanted with a microchip) _____

***Prices Subject to Change**

I am the owner or agent of the owner, of the above described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the procedure(s) or operation(s) as explained to me.

I understand that during the performance of the foregoing procedure(s) or operation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment

I also authorize the use of appropriate anesthetics and other medications, and understand that the Veterinarian will employ hospital support personnel as deemed necessary.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results can not be guaranteed.

I have read and understand the authorization and consent

Date

Name of owner or agent (please print)

Signature of owner or agent