



**Animal Hospital at Oakleaf Plantation**

8483 Merchants Way Jacksonville, FL 32222 (904) 317-6555 Fax (904) 317-6999

Authorization for Surgery or Anesthesia

I, \_\_\_\_\_, hereby authorize the veterinarian of **Animal Hospital at Oakleaf Plantation** to perform upon \_\_\_\_\_ the following procedure \_\_\_\_\_ . The phone # for today is \_\_\_\_\_ .

Has your pet eaten today (including treats)? \_\_\_\_\_ Has your pet had any medications today (including non-prescription medications or supplements)? \_\_\_\_\_

Your pet is scheduled for anesthesia/surgery. In order to minimize the risk associated with anesthesia, we recommend blood work prior to anesthesia. These tests can be performed in our office prior to the procedure. In addition, these tests will serve as reference values for future use if your pet were to become ill. Please initial your choice.

Young healthy animals:

Minimum Screen: CBC with diff, electrolytes, and 2 chemistries 39.00\_\_\_\_\_

**OR**

Young healthy animals to age 7 years:

Basic Screen: CBC with Diff, electrolytes, and 6 chemistries 69.00\_\_\_\_\_

**OR**

All Pets:

Complete Screen: CBC with diff,electrolytes, and 12 chemistries 99.00\_\_\_\_\_

**OR:**

I have elected to refuse the pre-op blood work at this time and request that you proceed with anesthesia. I understand there is always a potential risk with anesthesia. Pre operative bloodwork may help to minimize this risk.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

We recommend an IV catheter placed prior to surgery for all anesthetic patients at an additional charge of \$20.00. This provides for quick access for medications during the procedure. Please initial selection. I Accept \_\_\_\_\_ I Decline \_\_\_\_\_

Please initial that you have read and understand the following statements:

I wish for my pet to receive pain medication to decrease the discomfort of surgery at an additional cost of \$25.00. \_\_\_\_\_

If your pet is in heat, pregnant, or has recently been nursing there will be and additional charge to spay your animal. \_\_\_\_\_

If a dental is being preformed and extractions are necessary, would you like for us to call you first? Yes \_\_\_\_\_ No \_\_\_\_\_

If vaccines are due for my pet, they will be administered upon admission to the hospital. \_\_\_\_\_

ResQ Microchips are available for an additional cost of \$50.00. Our microchips do not have additional fees. The original cost covers all registration for the lifetime of your pet. Microchip my pet. \_\_\_\_\_

I am the owner or agent for the owner of the described animal and have the authority to execute this consent. I understand that I assume financial responsibility for all services rendered and that payment is due on the date of the surgery or other procedure. Any medication(s), supplies or procedures not mentioned above will be at an additional charge.

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 above. 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 judgement.

I also authorize the use of appropriate anesthesia, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of owner or agent

\_\_\_\_\_  
Date