



**SUBURBAN ANIMAL HOSPITAL  
CONSENT FOR PROFESSIONAL SERVICES**

Client/Patient Label

I am the owner or agent of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANESTHESIA:**

If your pet is with us for a procedure that will require a sedative and/or anesthesia a full examination will be performed prior to the procedure. There will be a charge for this exam if your pet has not been seen within the last year, is a puppy or kitten, has never been examined by our veterinarians or if the doctor deems necessary. This is to insure that there are no existing health problems that could possibly lead to complications during the procedure you have scheduled.

**PRE-ANESTHETIC TESTING**

We always recommend a pre-op blood profile to check for adequate numbers of red and white blood cells, platelets and to check proper function of the kidneys and liver which may not be evident during the physical exam. The testing is REQUIRED for animals 7 years old or older.

- YES Please complete the pre-op blood tests you recommended.
- NO My pet is under 7 years old. I DECLINE the pre-op blood testing you recommend, but perform the procedure.
- My pet has had the pre-op blood testing performed within the past 30 days.

**PAIN CONTROL:** Pain medication will be given to your pet as needed. Animals undergoing surgical procedures will generally receive pain medication each day while in the hospital.

**DENTAL EXTRACTIONS:**

Many animals have diseased teeth from periodontal disease or, in the case of cats, from enamel erosions. These teeth are painful and should be extracted. Often we will not discover the damaged teeth until the dental exam is performed while your pet is under anesthesia. Xrays may be necessary to determine if a tooth should be extracted.

- I authorize the performance of any Xray(s) and/or extraction(s) of damaged teeth that are deemed necessary. I understand that the charge to extract damaged teeth can range between \$9.67 per extraction to \$139.15 per extraction.

Young animals often have retained baby teeth that must be removed to allow the permanent dentition to erupt properly. While your pet is here for spaying/neutering, we should remove any baby teeth that are present.

- I authorize the extraction of any deciduous (baby) teeth as necessary. The cost for each deciduous (baby tooth) is \$25.06
- I wish to be called with an estimate before any Xrays +/- or extractions are performed and will be readily available at the following number(s) \_\_\_\_\_, \_\_\_\_\_.\*

**\*I understand that if I cannot be reached, the extractions will not be performed and will necessitate a second procedure with anesthesia at a different time.**

**PERMANENT IDENTIFICATION:**

We can implant a microchip in your pet for an ID that can't get lost! We can do this today. We proudly use Bayer resQ Brand microchips, you may and register your pet's microchip through PetLink.net. Registration is free and you may update information online at any time.

Does your pet have a microchip? \_\_\_\_\_ Would you like a micro-chip implanted today? \_\_\_\_\_

**VACCINES:**

We require for the safety of other pets and our staff that all pets be current on their Rabies and Distemper vaccines. We STRONGLY recommend Bordatella for dogs that will be here for a procedure. There will be an exam charge if any vaccinations are given, with the exception of Bordatella.

**RECOMMENDED PROCEDURES AND TESTS:**

**Fecal examination-** recommended once per year for dogs and cats.

Yes Please provide a fecal examination for my pet.

**Heartworm test-** recommended yearly for dogs older than 6 months which were born prior to last October.

Yes Please perform a heartworm test on my pet. The test that is used at Suburban Animal Hospital includes a test for Lyme Disease, Anaplasma and Erlichia which are tick borne diseases.

**Feline Leukemia/Feline Aids (FIV) test-** should be performed one time for both indoor and outdoor cats.

Yes Please perform a Feleuk & FIV test.

**Leukemia vaccine-** given yearly is recommended for all cats that go outside after initial testing is done.

Yes Please administer a feline leukemia vaccine to my cat.

**We will provide an estimate for any additional services provided.**

**DRUGS AND SUPPLEMENTS:**

**Over-the-counter medications and herbal or nutritional supplements can have significant, potentially serious interactions with anesthetics, or create problems with blood clotting. Please list below any prescription drugs, over-the-counter drugs or supplements you are giving your pet:**

Name of Drug/Supplement	Dosage	Last Given
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, 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 natures of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.**

**I have read and understand this authorization and consent.**

**Owner/Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owner/Agent Name (Please Print)** \_\_\_\_\_

**Phone number (where you can be reached today)** \_\_\_\_\_

**Witness** \_\_\_\_\_