

**Springlake Animal Hospital
Informed Consent for Surgery, Diagnostic
Procedures and Medical/Dental Treatment**

Name of Owner: _____ Date: _____

Patient Name: _____ Species: Canine or Feline

I am the owner or agent of the owner of the above-named patient and have the authority to execute consent. I authorize Dr. White and/or the veterinarian of her choice to perform the following procedures.

I further authorize the veterinary technicians and veterinary assistants employed by Springlake Animal Hospital to render care to the above patient as directed by the veterinarian and as allowed by Florida Law. I authorize physical examination and/or additional therapeutic procedures such as, but not limited to the administration of medications, sedation and/or anesthesia, the obtaining of blood, urine, fecal, and tissue samples, x-rays or use of ultrasound as deemed necessary and appropriate for helping diagnose and/or treat the above patient.

Pre-surgical blood work: This blood test will help us to assess the health status of your pet more completely. We recommend pre-surgical blood work for animals older than 5 years of age. This includes Complete Blood Count & Chemistry Profile including Glucose, Total Protein, BUN, CRE, ALT, and ALP at an additional cost.

YES- I give consent to run pre-surgical blood testing on my pet.

NO- I DECLINE any pre-surgical blood testing.

Pain Management:

YES- Please administer pain medication to my pet at an additional cost.

NO- I DECLINE to have any pain medication given to my pet.

IV Catheter: Provides instant intravenous access in case of emergency and fluid support during surgery. Time saved by placing a catheter before anesthesia could save your pet's life.

YES- Please place IV catheter at an additional cost.

NO- I DECLINE to have an IV catheter placed.

Microchip Identification: During an anesthetic procedure is a great time to have your pet microchipped. Price includes the microchip, implantation, and registration. Without a microchip, 90% of lost pets do not return home.

YES- I want my pet micro chipped for an additional cost.

NO- I DECLINE to have my pet micro chipped.

Laser Therapy: Helps promote healing after surgery for an additional cost.

YES- I would like my pet to have laser therapy performed after surgery.

NO- I decline to have my pet receive laser therapy.

If not current on Heartworm or Fecal (Parasite) Tests:

HWT:

YES

NO

FECAL:

YES

NO

Felines:

FELV/FIV TEST:

YES

NO

If I decline any recommended procedure, treatment and/or medication I do completely and knowingly absolve Dr. Tamra White, Springlake Animal Hospital, its employees, agents, heirs, and assignees from any and all liability of any kind whatsoever and agree to hold the foregoing completely harmless.

Signature: _____

Date: _____

Phone Number: _____