

Falconbridge Animal Hospital
1401 W. NC Hwy 54
Durham, NC 27707



Village Veterinary Hospital
50150 Governors Dr.
Chapel Hill, NC 27517

919-403-5591

www.FalconbridgeAnimal.com

919-967-4779

SURGERY/ANESTHESIA CONSENT FORM

Client: _____ Patient: _____ Sex: _____
Date: _____ DOB: _____ Species: _____
Phone: _____ Age: _____ Breed: _____

Procedure: _____

I hereby authorize Falconbridge Animal Hospital and/or Village Veterinary Hospital to perform the above procedure on my pet. I understand that in the event additional procedures are deemed necessary, an attempt will be made to reach me before proceeding, but I understand that the veterinarians are authorized to perform any necessary procedures if they are unable to reach me.

I understand the nature of the procedure and that there may be risk involved. Further, no guarantee has been made as to results or cure.

INITIALS _____ A pre-anesthetic blood screen will be performed on all pets undergoing anesthesia or sedation. Because we will be using injectable and oral medications, it is important to know whether there are any detectable signs of organ dysfunction. The type of pre-anesthetic bloodwork is dependent on the age of the pet. The cost ranges from **\$58.00 to \$125.00**.

I understand that current **Wellness Exams, Distemper, and Rabies** vaccines all required for pets, as well as **Parvo, Bordetella, Flu Vaccine (H3N2)**, and a **Fecal Flotation** (dogs only) before admission to the hospital. For those pets not current, vaccines will be updated as long as it is deemed safe and advisable by a veterinarian.

I certify that to the best of my knowledge my pet is free of all external parasites upon signing this release. If parasites, such as fleas or ticks, are found, I understand that my animal will be treated on admission for an additional cost.

Other services desired at additional cost: (Please check)

_____ **Nail trim (complimentary)** _____ **Anal Gland Expression (\$24.00)**
_____ **Microchip Identification (\$46.00)** **Other:** _____

My pet has fasted for 12 hours: Yes _____ No _____

My pet is on heartworm prevention: Yes _____ No _____

We believe that keeping your pet as comfortable and pain-free as possible after the surgery will speed healing and recovery. Many animals do not show obvious signs of pain after surgical procedures, so it is up to us to provide them with pain relief both during and after procedures, before they show signs of discomfort. We use injectable medications both pre- and post-operatively. For continued pain relief at home, we provide either liquid or tablets.

I am aware that my pet will not be supervised overnight.

I have received an estimate for the above procedures and I understand that an effort will be made to contact me if any additional charges arise. I understand that all charges are my responsibility and that payment is expected at the time of discharge.

_____ Falconbridge & Village Vets can use my pet's photos on www.falconbridgeanimal.com and their Facebook pages. (Become our friend on Facebook!)

Signature of Owner or Agent

Phone number on day of surgery

Date signed