

MORNINGSIDE ANIMAL CARE CENTER
929 BUFORD DRIVE
LAWRENCEVILLE, GA. 30043
770.995.5700
SURGICAL CONSENT FORM

Owner's Name _____ Pet's Name _____

As the owner or agent of the owner of the above animal, I hereby give my consent to Morningside Animal Care Center to perform the following procedure(s):

1. _____
2. _____

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Morningside Animal Care Center to use reasonable care and judgment in performing the procedure(s). The natures of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

All animals must be current on all vaccinations.

All dogs over one year must be taking heartworm preventative medication and been tested with the last year.

There will be an additional charge for animals that are in heat, pregnant or have retained testicles.

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before administering anesthesia, the doctor will perform a full courtesy physical examination. Our hospital staff performs pre-anesthetic blood work to maximize patient safety and allow the doctor to evaluate the status of your pet's organs, immune system, blood clotting ability, and detect diseases that might complicate the procedure or surgery that is to be performed. It is possible for your pet to suffer from many diseases such as dehydration, anemia, infection, diabetes and/or liver disease, which may not be detected without pre-anesthetic blood work. These tests are similar to those your own physician would perform if you were to undergo anesthesia. They also establish a baseline of values, which are useful for diagnostics and treatment should your pet become ill in the future.

PETS UNDER FIVE YEARS (REQUIRED)
PRE-ANESTHETIC PROFILE AND CBC

PETS OVER FIVE YEARS AND OLDER (REQUIRED)
GENERAL HEALTH PROFILE AND CBC

Owner's Signature _____

Date _____

Today's Phone Number _____

Received a copy of after surgery care form _____ initial