

Blackhorse Animal Hospital

General Surgical Consent Form



Date: _____

Owner Name: _____

Client # _____

Patient Name: _____

Breed: _____

Procedure or Surgery Today: _____

Age: _____

Sex: _____

Our greatest concern is the well being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia carries some risk, even though it may be small. Blackhorse Animal Hospital's doctors and staff utilize safe anesthetic protocols for all of our patients. Some patients, due to age, or pre-existing conditions will already have received an estimate that includes blood work and IV fluids. All patients will receive minimum blood work . **The blood work option below provides a more thorough screening for an additional cost.**

General Health Screen \$45.00 Accept or Decline

IV Fluids..... \$50.00 Accept or Decline

(Maintains blood pressure; reduces post-operative renal failure, and provides immediate access to heart, should an emergency occurs.)

If your pet is examined and is found to have retained baby teeth would you like to have them extracted? **(There is an additional charge of \$10.00 per tooth to extract baby teeth)**

Accept or Decline

While your pet is in the clinic, would you like the following additional services performed?

Toe Nail Trim..... \$5.00 (Reg. \$10.00) Accept or Decline

Ear Cleaning \$5.00 (Reg. \$10.00) Accept or Decline

Anal Glands..... \$5.00 (Reg. \$10.00) Accept or Decline

Microchip \$40.00 (Reg. \$45.00) Accept or Decline

Fecal Analysis \$15.00 Accept or Decline

FELV/FIV Test..... \$29.00 Accept or Decline

Heartworm Test \$29.00 Accept or Decline

Does your pet need any heartworm prevention or flea prevention to go home? Yes or No

If so, which brand of medication would you like us to send home with your pet?

_____.

Are there any concerns or questions regarding your pet that you would like to discuss with the doctor?

Does your pet have any sensitivities or allergies to any medications (oral, injectable or topical)? Yes or No

If yes, which ones, _____

All patients left in our care for any reason must be current on Rabies, DHLPP, Intra and FVRCP. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations.

According to our records your pet will be due for; Rabies, DHLPP, Intra, Lepto, DHPP, FVRCP and FELV

All new patients are required to have physical exam, at an additional cost of \$49.00.

_____ Int.

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

Signature: _____ **DATE:** _____

Please give all phone numbers that you or your spouse will be available:

Home Phone: _____ **Cell:** _____

Work Phone: _____ **Other:** _____

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