

## SURGICAL RELEASE & PRE-OP BLOODWORK CONSENT FORM

Your pet is being admitted to the Oxford Hills Veterinary Hospital for a procedure which will involve anesthesia. They will be examined prior to anesthesia, and carefully monitored throughout their time here.

**In addition, we recommend a pre-surgical mini-screen blood profile (CBC, ALT, CREA, ALKP, BUN, TP, GLU & SDMA) to check liver and kidney functions as well as blood counts.** These tests may help to rule out pre-existing internal conditions that may not be evident with a physical exam.

**There is an additional fee of \$(ask for price) for these tests.**

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| <input type="checkbox"/> Please complete the bloodwork you recommend prior to surgery on my pet. If abnormalities are found, please call and inform me at the number below. | <input type="checkbox"/> I have elected to refuse the recommended pre-operative bloodwork at this time request that you proceed with the surgical procedure. |
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We also strongly recommend the following procedures for your pet:  
(These services are provided at an additional fee and **are not** included in surgical prices)

### Canine:

- Microchip (\$)
- Lyme Vaccination (\$)
- Heartworm/Tick Panel (\$) (\$ as an add on test)
- Other: \_\_\_\_\_

### Feline:

- Microchip (\$)
- Feline Leukemia/FIV Test (\$)
- Leukemia Vaccination (\$)
- Other: \_\_\_\_\_

*We require vaccinations for both Rabies (\$) and Distemper (\$) when admitting a pet for any procedure. If your pet is due (or we do not have written proof from another facility that vaccinations are current), we will vaccinate your pet today.*

**Procedure(s):** \_\_\_\_\_

I hereby authorize the Oxford Hills Veterinary Hospital to perform the procedure(s) listed above. Further, if any unforeseen conditions arise requiring the veterinarian's judgment for procedures in addition to or different from those contemplated, I further request and authorize him/her to do as he/she deems advisable. The nature of the procedure(s) has been explained to me, and I understand there may be risks involved in these procedures. I will not hold the Oxford Hills Veterinary Hospital, the doctors, or the staff liable for any complications. The hospital is not routinely fully staffed during non-business hours.

**Please ask if you have any questions. We want to be sure you are comfortable with the procedure(s) and our facilities.**

Signature of owner/agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone number where you can be reached:** \_\_\_\_\_

**\*\*\*If we need to contact you prior to your pet's procedure and we are unable to reach you at the above number, the procedure WILL NOT be performed. You will be responsible for the fee of hospitalizing your animal for the day.\*\*\***

**\*PAYMENT IS REQUIRED FOR ALL SERVICES RENDERED UPON RELEASE OF YOUR PET\***