



# Surgical Consent Form

Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
(The BEST number to reach you at today)

Pet Name \_\_\_\_\_ Pet Age \_\_\_\_\_ Pet Breed \_\_\_\_\_

Procedure(s) \_\_\_\_\_

The time your pet last ate was: Date \_\_\_\_\_ Time \_\_\_\_\_

Has your pet had any medication in the last 24 hours? Yes or No

Which medications and when? \_\_\_\_\_

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**Pre-Surgical EKG** This is recommended for any pet under 5 years, and required for most pets over 5 years of age. Any pet that has a heart murmur or that is on medication for blood pressure or heart disease is required to have this.

Pre-Surgical EKG Accepted or Declined

**Post-Surgical Laser Therapy** Laser therapy provides relief to your pet by utilizing a deep penetrating light that releases endorphins and stimulates cells. This therapy eases post-operative pain, reduces inflammation, and promotes faster healing. This will NOT be used on any sites where there is suspected cancer.

Post-Surgical Laser Therapy Accepted or Declined

**Histopathology** We submit abnormal tissue from your pet (typically when we remove a mass) to the lab to determine if it is cancerous.

Histopathology Accepted or Declined

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I certify that I am the owner, or authorized agent, of the above animal and I have the authority to execute this consent. I hereby authorize the doctors and staff at this veterinary practice to admit this pet, perform general anesthesia, and perform the above described procedures.

I understand that staff are not present to observe patients after regular business hours and should my pet require supervision after the facility is closed, my pet may be transferred to the Animal Emergency and Speciality Center of Brevard where overnight care is available at my expense. I have been advised of the nature of the procedures and the potential risks and benefits.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

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Printed Name of Owner or Authorized Agent

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Signature of Owner or Authorized Agent