



# Surgical Consent Form

Date: <date>

Owner Name: <contact> <client> (<number>)

Pet Name: <animal> (<patient-record-id>)

Age: <age>

Breed: <breed>

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Procedure(s): <estimate-name>

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 7 years and *required* for pets over 7 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      Done On: \_\_\_\_\_

**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      N/A

**Microchip Insertion** A HomeAgain microchip is your pet's permanent ID. A pet microchip – the size of a grain of rice – goes beneath your pet's skin.

Microchip Insertion      Accepted or Declined      N/A

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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 Specialty 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

Please provide us with the best contact number to reach you at: \_\_\_\_\_