



133 South Washington State Rd.
 Washington, MA 01223
 Phone 413-623-5329
 Fax 413-623-6609

Surgical Consent Form

Owner's Name _____ Pet's Name _____

As the owner or agent for the owner of the above pet, I hereby give my consent for Hilltowns Veterinary Clinic to perform the following procedure(s) and/or treatment(s): _____

For most anesthetic procedures, to ensure your pet's safety and comfort, we recommend the following services.

1. Pre-anesthetic Bloodwork: Like you, our greatest concern is the well being of your pet. Some conditions, including disorders of the liver, kidneys and blood can only be detected through blood testing. As most anesthetics are processed through the liver and kidneys, we recommend these tests for all animals prior to surgery. We do require bloodwork for pets older than 7 years undergoing surgery.

_____ Please perform bloodwork _____ I decline bloodwork at this time.

2. IV Catheter and Fluids: Fluid administration allows us to better maintain your pet's blood pressure and to avoid dehydration during surgery. In the unlikely event of an emergency, the IV catheter will allow us to administer emergency drugs. We do require a catheter in older pets and those undergoing a long procedure.

_____ Please place an IV catheter _____ I decline an IV catheter at this time.

3. Microchip: A microchip is safe, permanent identification for your pet. This is a painless procedure for your pet which increases the likelihood that your pet will be reunited with you if they every are lost.

_____ Please microchip my pet _____ I decline a microchip at this time.

I hereby authorize Hilltowns Veterinary Clinic to perform the procedures described above. I understand that while the anesthesia used in this clinic is very safe, NO anesthesia is without medical risk. The nature of the procedure has been described to me to my satisfaction and I realize that no guarantee can be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet until I can be reached. I understand that I assume financial responsibility for all services rendered.

When did _____ eat last (including treats)? _____

Has _____ had any medications today (including supplements)? _____

X _____ Date _____

Signature of owner/agent

Phone number where we may reach you today: _____