FIVEOAKS
ANIMAL HOSPITAL

**Five Oaks Animal Hospital**
**1991 NC Hwy 11/55**
**Kinston NC 28504**
**Surgery Authorization & Consent**

Owner's Name:_____ Pet's Name:_____

Sex: _____ Age:_____Breed:_____ Color:_____

**Pre-Anesthetic Bloodwork**

Because your pet will undergo general anesthesia, the doctors at Five Oaks Animal Hospital recommend that a Pre-anesthetic Blood Screen be performed. This test helps determine if underlying diseases exist which might add risk to your pet's procedure. While this is not mandatory, we do strongly advise it for all dogs and cats over the age of 7 years.

Yes, please perform a Pre-Anesthetic Blood Screen on my pet. _____ (initial) Addt'l $45
No, do not perform a Pre-Anesthetic Blood Screen on my pet. _____ (initial)

**Anesthesia Authorization**

I authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be assisting in my pet's care.

I understand that during anesthesia, emergency or other unforeseen conditions may make it necessary for the doctor to perform additional or different procedure(s) that are in my pet's best interest. I therefore authorize these emergency procedures until I can be contacted.

I have been advised as to the nature of the procedure(s) and the risks involved. My questions have been answered to my satisfaction and I realize the results cannot be guaranteed. I have read and understand this authorization and consent.

**Surgical Authorization**

I am the owner or agent of the above pet and have authorized the veterinarians at Five Oaks Animal Hospital to perform the following procedure(s):_____

Additional Services Offered [circle to approve]: Anal Glands Dremel Ear Cleaning

Face/Feet/Fanny Groom

I understand that these surgical procedures are not without risk and have been properly informed of the risks and all questions have been answered to my satisfaction.

I understand that surgical procedures may create pain and inflammation in my pet. This pain may be mitigated through the appropriate administration of medication before and after surgery including laser therapy to the surgical site. There are some procedures that pain medications are mandatory.

Yes, please provide pre-and post-surgical pain management for my pet._____(initial)
***Pain medication may range from $10-$35, excessive weight and/or type of procedure may add additional cost**
No, do not provide pain management for my pet. _____ (initial)

_____ _____

**Date** **Signature of the Owner or Agent**

**Phone number where you may be reached *TODAY.* (____)** _____