



Wynn Haven Animal Hospital  
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### Surgery/Procedure Consent Form

CLIENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PET NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Medical Alert: \_\_\_\_\_

Last time pet ate \_\_\_\_\_

I hereby give the veterinarians at Wynn Haven Animal Hospital, and any authorized agents, staff, or representatives, consent and authority to perform the following procedures or operations:

Any history of seizures in this pet?  Y /  N      Any previous allergic reactions to medications or drugs?  Y /  N  
Allergies?  Y /  N      Is your pet currently taking any medications?  Y /  N  
If any answer above is Yes, Please explain \_\_\_\_\_

#### ADDITIONAL PROCEDURES

Once your pet is sedated, we may find additional treatments, care, or procedures that are needed. In these scenarios, it is important decisions be made quickly to avoid your pet being on anesthesia longer than necessary. Our veterinarians only recommend procedures they feel are essential to maintain your pet's best health.

I prefer to be notified first. If this option is chosen, I understand that if I cannot be contacted by phone within 10 minutes, necessary procedures/treatments/care will **NOT** be performed. I understand my pet may need to return at a later date to undergo an additional sedated procedure.

The doctor may perform recommended procedures at their discretion.

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#### PRE-ANESTHETIC BLOOD WORK

Bloodwork is **REQUIRED** for patients going under general anesthesia at all ages. In younger patients, it may help to identify hereditary issues that are not obvious. **IT IS REQUIRED FOR ALL PATIENTS GOING UNDER GENERAL ANESTHESIA TO HAVE LABWORK COMPLETED WITH-IN THE PAST 90 DAYS.** The bloodwork is valid for 3 months in most healthy patients but should be repeated before anesthesia, if having any issues.

Yes. I authorize bloodwork     No. My pet is not going under General Anesthesia     Recently done

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#### IV CATHETER/FLUIDS

In cases where an animal is of advanced age, in a compromised state, or when a procedure is long or complicated, we recommend and may require an IV catheter and/or fluids for surgery. I have been advised of this recommendation/requirement and understand the benefits and risks of my choice.

Yes. I authorize IV fluids/catheter     No. I decline IV fluids/catheter     Required for procedure

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#### MICRO-CHIP IMPLANTATION

A micro-chip is a small device that is implanted under the skin and between the shoulder blades. It is not a GPS tracking device. Instead, it provides permanent identification.

Yes. I authorize a Micro-Chip     No. I decline a Micro-Chip     Already Microchipped

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The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I have been given an estimate for this procedure and understand that the actual cost may vary due to other services deemed necessary for medical or surgical complications or unforeseen circumstances. I am responsible for payment at time of service, unless prior arrangements have been made.

All animals admitted must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense.

Signed: \_\_\_\_\_ Date:

**I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent.**