AUGUSTA
ANIMAL HOSPITAL

199 REDSKINS LANE
AUGUSTA, WV 26704
304-496-7746

SURGERY CONSENT FORM

Patient Name: _____ Owner Name: _____

Surgical Procedure to be Performed: _____

It is our goal to keep all procedures as reasonably priced as possible. Our base price for the surgical procedure includes the services that we feel are most important for successful surgery as well as a comfortable experience for your pet such as pain medications. There are other services that are optional and are listed below and offered at an additional fee.

Pre surgical Bloodwork: Just like you, your pet is our biggest concern. Before your pet is placed under anesthesia we will do a physical examination. Many conditions cannot be tested without bloodwork to show us function of the liver, kidneys, and also to give us a full blood count. For the safety of your pet, we recommend bloodwork prior to the anesthetic procedure. Bloodwork is required for any pet **over 8 years** of age. The price for this procedure is **$152.00**

Would you like your pet to have pre-anesthetic bloodwork today?

Yes _____ No_____

Microchip: We also offer microchip insertion for your pet. Microchips are a good way for your pet to be identified if they are ever lost or stolen. Microchips do not track your pet, but they can be scanned if found and linked to you. **The price of insertion & registration is $60.00**

Would you like a microchip inserted into your pet today?

Yes _____ No_____

Email to register microchip to: _____

E-collar: E-collar placement following surgery is beneficial to keep your pet from licking or chewing at their incision site. This also prevents your pet from obtaining an infection at their incision site following their procedure. The price of the e-collar depends on the size of the pet and ranges from **$11-38.00.**

Would you like us to fit your dog for an e-collar to come home with following their procedure?

Yes _____ No_____

Vaccinations: Your pet may be due for a booster or initial vaccination at the time of their surgical procedure. According to our records your pet is due for the following vaccinations today: _____

Would you like us to update your pet's vaccinations today?

Yes _____ No_____

FOR MASS REMOVALS ONLY:

Mass Location: To ensure that we provide the best possible care for your pet please list the location of your pet's mass(es) that are to be removed today:

_____

_____

Biopsy: This option only pertains to mass removal patients. Biopsy is beneficial after a mass removal procedure to let us know what cells the mass would be made up of and as to whether it is benign or malignant. Biopsy can give us information as to how to treat your patient moving forward following the procedure once we receive biopsy results. The price of a biopsy is **$265.00**

Would you like us to submit a sample of your pet's mass for biopsy?

Yes _____ No_____

Consent and Release:

I certify that I own the above-described patient and authorize Augusta Animal Hospital to administer anesthetics, medication, surgical procedures, or treatments that they deem necessary for the wellbeing of my pet while it is under their care and supervision at their hospital. I understand that there can be risks with anesthesia and surgical procedures, including death. I authorize the doctors of Augusta Animal Hospital to provide care to address any issues that arise while under their care. I realize that I am responsible for payment of all above services.

Owner Signature: _____Date: _____

Phone number for TODAY: _____

WE MUST BE ABLE TO GET AHOLD OF YOU THE DAY OF YOUR PETS SURGERY, AND POSSIBLY DURING YOUR PETS SURGERY.

If you are unavailable by phone all decisions will be at the DR.'s discretion.