

**Mayfair Animal Hospital
Anesthesia and Surgery Consent Form**

Patient's Name: _____

Owner's Name: _____

Surgical Procedure: _____

Medical History: Please check the appropriate boxes below as they pertain to your pet's medical history.

	Yes	No		Yes	No
Did your pet eat this morning?	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	"In-Heat"	<input type="checkbox"/>	<input type="checkbox"/>
Any illness/injury in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	Recent "Heat" Cycle	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Condition	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Recent Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Current on heartworm prevention?	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to Medications	<input type="checkbox"/>	<input type="checkbox"/>			

Please check any of the following that you would like your pet to receive: (all patients receive a courtesy nail trim)

Home Again Microchip Implant (\$53.55) Routine Ear Cleaning (\$10.60)
Ear Hair Plucking (\$12.00) Anal Gland Expression (\$28.88)

Medications: Please list any medications (other than heartworm, flea & tick prevention) that your pet is currently taking: _____

If medications are sent home, please check which you prefer (if available): Tablet Liquid

I understand that in order for pets to receive surgery, they must be current on their annual exam & vaccines, and that dogs must be negative for heartworms. If my pet's vaccines or heartworm status is not current, I understand these procedures will be performed and I will be responsible for payment.

I, the owner, or agent of the owner, of the pet identified above certify that I am over the age of 18 and thereby authorize the doctors and staff of Mayfair Animal Hospital to perform the above procedure for my pet. I understand that pre-anesthetic bloodwork and i.v fluids are required for all patients. I am aware of the risks and possible complications involved with surgery, including possible death, and understand the information present in this surgery form and give permission to proceed with the surgery and to perform any and all life-saving procedures should the need arise. I understand that no guarantee can be made regarding a cure or as to the results that may be achieved from the above procedure. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization and that payment is due in full at the time my pet is discharged.

Signature _____

Date: _____

Phone number(s) where I can be reached the day of surgery:

In the event that we are unable to reach you at the number you have provided, we will use our judgment to make any necessary decisions in the best interest of your pet. This may include additional procedures/treatments for which charges will apply.