



1780 Dutch Fork Road  
 Irmo, SC 29073  
 803-781-7483

**Surgical Consent Form**  
**\*Online Copy – Please fill out the following information\***

<b>Client Name:</b>		<b>Patient:</b>	
<b>Address:</b>		<b>Species:</b>	
		<b>Breed:</b>	
		<b>Age:</b>	
		<b>Sex:</b>	
<b>Phone Number:</b>		<b>Color:</b>	
		<b>Weight:</b>	

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent to authorize the performance of the following procedure(s):

---



---

**For Dental Prophy and Polish only**

Please indicate your wishes if dental radiographs and/or extractions are needed:

- I give permission for the veterinarian to complete the radiographs and/or extractions.
- Please call before performing any radiographs or extractions. (If we are unable to reach you, we will perform any procedures deemed necessary.)

I understand that during the performance of the above procedure(s), unforeseen conditions may be revealed that necessitate an extension of those procedure(s) or even different procedure(s) than those set forth above, which I hereby consent to as deemed necessary by the veterinarian.

I understand the nature of the procedure(s) to be performed as well as the risks involved. I understand that results cannot be guaranteed. I also understand the use of appropriate anesthetics and pain medications.

I understand that intravenous or subcutaneous fluids may be administered during the procedure and I will be financially responsible for the charges associated with this service (approximately \$31.22).

I understand that if I do not provide current proof of vaccines (and FeLV/FIV test for cats) from a licensed veterinarian at the time I leave my pet for surgery, all vaccines required by the policy of Dutch Fork Animal Hospital will be administered to my pet today at my expense.

**We must have a valid phone number to reach you after your pet's procedure is completed and in case of an emergency. If an emergency arises, or if your pet needs dental radiographs/extractions, we will only communicate via voice communication.** Phone Number: \_\_\_\_\_

Would you prefer a phone call or text message (carrier rates apply)?  Phone Call  Text Message; please provide text message phone number if different from above: \_\_\_\_\_

Would you like your pet microchipped today (Additional \$40.00)?

Yes, please ID my pet. My e-mail address: \_\_\_\_\_

No, I decline microchipping at this time/my pet is already microchipped (ID on file: ) Signature: \_\_\_\_\_

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