

**SURGICAL CONSENT**

Cedar Animal Hospital  
<date>

Owner: <first-name> <last-name>  
File No: <folder>  
Street: <address>  
City: <city> <st> <zip>  
Phone: <phone>

Patient: <animal>  
Breed: <breed>  
Sex: <sex>  
Age: <age>  
Color: <color>

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, and that I do hereby give Kyle Chrisitansen DVM, Heather Gill DVM, and or representatives full and complete authority to preform the surgical procedure described as:

\_\_\_\_\_  
**Are there any known allergies or sensitivity to anesthesia**\_\_\_\_\_

And to perform any other procedure that in their discretion may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said Doctor’s or representatives from any and all liability arising from said surgery on animal.

Signature: \_\_\_\_\_

**Pre-Surgical Profile** is a blood work-up to determine if the pet is in good health to undergo anesthesia. This is required on pets older than **6** years, but it is highly recommended for all pets. **This cost is not included in the surgical fee. Additional cost will be \$40.50.**

**ACCEPT**\_\_\_\_\_ **DECLINE**\_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PAIN MANAGEMENT** is also available. With pain management your pet will be more comfortable following the surgery and during the recovery period. **This cost is not included in the surgical fee. Additional cost will be \$22.50 for dogs, and \$20.50 for cats. This is a pain injection and a 3-day supply of pills. Or you may choose a pain injection at an additional \$15.00.**

**ACCEPT**\_\_ **DECLINE**\_\_ **PAIN INJ. ONLY**\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**Contact Phone Number for today.**

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