

SURGICAL CONSENT FORM

HORIZON VETERINARY CLINIC

601 Greenway Road
Henderson, NV 89002

Owner's Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Animal's Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Weight: _____

I, being responsible for the above described animal, have the authority to grant my consent to receive, prescribe for, treat and/or operate upon my pet. I understand today's Surgery/Procedure will be:

Do you believe your pet is in heat or could possibly be pregnant?
If yes, there will be an additional charge Yes _____ Initial No _____ Initial
Cost: **\$25.00** and up depending on weight.

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

Would you like your pet to go home with pain medication? There will also be an injectable sedative included.

Cost: **\$30.00** Yes: _____ Initial No _____ Initial

ALL ANIMALS GOING UNDER INHALANT ANESTHESIA WILL BE ON A HEART MONITOR (\$7.50) AND WILL RECEIVE A COMPLIMENTARY TOENAIL TRIM.

YOUR MAY ELECT TO HAVE THESE PROCEDURES DONE WHILE YOUR PET IS ALREADY UNDER ANESTHESIA:

Complete Ear Flushing.....**\$30.00** _____
Ultrasound Dentistry and Polishing.....**\$40.00** _____
Dental Sealant and take home gel.....**\$40.00** _____
Dewclaw Removal.....**\$5.00**(detached).....**\$5.00**(attached) _____
Anal Gland Expression.....**\$10.00** _____
Shave and Demat.....**\$35.00** or more _____

I understand, although the anesthesia is safe and my pet will be well monitored, there is always a risk with anesthesia.

Owner or Responsible Party