



Oasis Animal Hospital, Inc.

11 West Pointe Blvd.
Mauldin, SC 29662
Telephone: (864) 288-4000
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Procedure Consent Form

Date _____ Pet's Name _____
Owner _____ Sex/Breed/Color _____
Address _____

1. As the owner or agent of the owner of the above animal, I hereby give my consent to the veterinarian and whom-ever may be designated as assistants to perform the following procedures:

2. It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my veterinarian to do what she/he feels is needed and necessary. I will cover all expenses associated with the procedure.

3. I have been advised as to the nature of the procedure and the risks involved. I understand that complications including but not limiting to infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

4. If any external parasites are found on your pet during the pre-surgery exam, the Oasis Animal Hospital staff will put on a preventative at the owner's expense. Depending upon which parasites are found, the price for treatment may go up to \$20.95.

Pre-anesthesia/Pre-surgery Blood Testing:

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the heart, liver, kidneys and blood, may not be detected unless blood testing is performed. Such tests are especially important in older pets. This hospital requires a geriatric profile for pets over 6 years of age and a heartworm test if not up to date on testing and preventative. The total cost of these important tests is: \$_____

- Yes, I want my pet to have blood screening performed prior to surgery.
- No, I decline blood screening and have been informed of the risk involved to my pet's health in doing so. My pet is under 6 years of age and has had a negative heartworm test (within a year) and is currently on a monthly heartworm preventative.

Pain Management:

Research has indicated that while pets may appear to withstand pain better than humans, they still experience it to a great degree. While undergoing surgery, your pet will receive anesthetic drugs that prevent pain. However, additional medications are available that enable us to safely and effectively control the level of your pet's discomfort after surgery and during their recovery at home.

Since we care about your pet's comfort and strongly believe that pain relief is important, we specialize in pain management. The estimated cost of additional pain medication for your pet is: \$_____

- Yes, I want my pet to have additional pain management medication.
- No, I do not want my pet to have additional pain management medication.

Vaccinations:

State law requires yearly rabies vaccination for all pets. Hospital policy requires that all patients also be current on distemper, rabies, flu and kennel cough vaccinations. Proof of vaccination must be presented or vaccinations will be updated at Oasis Animal Hospital at the owner's expense.

Pet History:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are vaccinations current? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Pet on Heartworm Preventative? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the Pet been checked for Intestinal Parasites in the last 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Vomiting, Coughing, or Diarrhea? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your Pet EAT this morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your Pet ALLERGIC to any drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your Pet had ANY illness or injury in the past 30 days? |

Elective Procedures to be done at the same time:

- Routine Nail Trim
 - ❖ An Oasis staff member will trim and dremel your pets nails (complimentary)
- Teeth Cleaning (Ultrasonic Scaling and Polishing)
- Extract Retained Puppy Teeth
- Flea Treatment
- Remove Rear Dewclaws
- Dock Tail
- Repair Umbilical Hernia
- Ear Flushing
- Remove Warts/Skin Growth Location:
- Express Anal Glands
- Microchip
- Other:

Examination: (to be filled out by doctor or assistant)

Temp	_____	Skin	_____
Weight	_____	Fleas / Ticks	_____
Teeth	_____	Hernia	_____
Ears	_____	Dewclaws	_____
Nails	_____	Tumors	_____
Heart	_____	Other	_____

Signature of owner or responsible agent _____ Date _____

Today's Phone Number _____