



Oasis Animal Hospital, Inc.

11 West Pointe Blvd.
Mauldin, SC 29662
Telephone: (864) 228-4000

Procedure Consent Form

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

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.

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.

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 7 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 7 years of age and is current on heartworm testing and is on 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 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

- Are vaccinations current?
- Is the Pet on Heartworm Preventative?
- Has the Pet been checked for Intestinal Parasites in the last 6 months?
- Any Vomiting, Coughing, or Diarrhea?
- Did your Pet EAT this morning?
- Is your Pet ALLERGIC to any drugs?
- Has your Pet had ANY illness or injury in the past 30 days?

Elective Procedures to be done at the same time:

- Teeth Cleaning (Ultrasonic Scaling and Polishing)
- Extract Retained Puppy Teeth
- Flea Treatment
- Remove Rear Dewclaws
- Dock Tail
- Repair Umbilical Hernia
- Routine Nail Trim
- Ear Flushing
- Remove Warts/Skin Growth Location: _____
- Express Anal Glands
- Microchip
- Other: _____

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

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

Signature of owner or responsible agent _____ Date _____