



141 East Main Street
Youngsville, NC 27596
Ph: (919) 494-5511
Fax: (919) 554-4565

Surgical Consent

Pet Name: _____ Owner: _____

Our greatest concern is the well-being of your pet, especially during anesthesia. Because of this, we use state-of-the-art monitoring equipment, the safest anesthetic available and our anesthetic assistants are the best training anywhere. All of these precautions help to make our anesthesia very safe for the healthy pet.

Prior to anesthesia, our staff will obtain a complete history of your pet, and the veterinarian will perform a complete physical examination. These provide us with important information about your pet's health. But it is impossible to understand the complete physiologic picture without performing blood tests. The blood tests we recommend are similar to and equally important to those your pwn physician would run if you were to undergo anesthesia.

It is important to understand that performing these tests does not guarantee complications will not occur. They are important in minimizing the risk of anesthesia, and they provide you and us with peace of mind. They may also identify a medical condition that is not apparent on physical examination.

In some cases, abnormal blood tests will cause us to delay a surgical procedure and attempt to diagnose the medical problem causing the abnormal test. In many instances, these values will help us determine which pre-medical agents to use for your pet's safety and the need for additional medications after surgery. We can alter standard protocols based on your pet's particular values. If all of the tests are normal, we can proceed with a greater degree of confidence and we will have established an excellent set of baseline values to use to compare against should your pet become ill in the future.

As the Owner of the above pet, I certify that I am over the age of 18 and authorize the staff of Youngsville Animal Hospital to perform the procedure(s) listed on the recommended treatment plan, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment and/or surgical procedures, I understand there are risks inherent to these services. I acknowledge the staff members of this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization.

Please initial one:

_____ I decline the recommended pre-anesthetic blood test at this time and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

_____ Recent lab work has been performed and reviewed.

Owner's Signature

Date



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