## Westmoreland & Slappey Animal Hospital, LLC

## SURGICAL CONSENT FORM PLEASE READ WHAT YOU ARE SIGNING

The following pre anesthetic surgical services are recommended by our doctors. They are OPTIONAL and available for additional charges as listed below.

Your pet is scheduled for a procedure that requires the use of an anesthetic. There is an inherent risk with any anesthetic episode. In order to minimize risk of your pet we recommend that all patients that are being admitted for anesthetic procedure have a pre anesthetic blood screening. These tests allow us to detect many pre-existing conditions that may not be evident on a physical exam; that may lead to complications with anesthesia. These tests will help detect the presence of conditions such as dehydration, anemia, infection, diabetes, and/or kidney, liver disease, or electrolyte imbalances which complicate an anesthetic procedure. We will be glad to run these tests prior to surgery.

I would	l like the pre anesth	etic bloodwork prior to sui	gery
The ad	ditional fee is \$100.	03	
Yes	No	Initial	<u></u>
•	recovery time. We	strongly recommend laser surg	decreased post op pain, less bleeding, less swelling, and quicker ery. The additional cost is \$40.00. We require all ear trims and or ear trim and declaw surgeries included laser and post-op pain
I would	d like Laser surgery	performed on my pet.	
Yes	No	Initial	
	l like my pet to be r	.,	is \$42.00. There is no additional charge to register your pet.
<u>Patie</u>	nt Information		
Owner/Agent Name			Date
Patient Name			Procedure
Home Number		Work	Cell
Му ре	t last ate (date and	d time)	
Print Name		Sig	nature

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