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.

| Yes | lditional fee is \$98 No | Initial | |
|--|---|---|---|
| • | We now offer LAS recovery time. W | SER surgery. The benefits include decr le strongly recommend laser surgery. law surgeries be performed with laser | eased post op pain, less bleeding, less swelling, and quicker The additional cost is \$58.00 . We require all ear trims, mas Prices for ear trim and declaw surgeries included laser and |
| | _ | y performed on my pet. | |
| Yes | No | Initial | _ |
| • | | | 49.00 There is no additional charge to register your pet. |
| I woul | d like my pet to be | | , , , , , , , , , , , , , , , , , , , |
| I woul Yes | d like my pet to be | e microchipped. | , , , , , , , , , , , , , , , , , , , |
| I woul Yes Patie | d like my pet to be NoNo_ nt Information | e microchipped. | _ |
| I woul Yes <u>Patie</u> Owne | d like my pet to be No nt Information r/Agent Name | e microchipped. Initial | _ |
| I woul Yes Patie Owne | d like my pet to be No nt Information r/Agent Name ot Name | e microchipped. Initial Proc | |
| I woul Yes Patie Owne Patier Home | d like my pet to be No nt Information r/Agent Name ot Name Number | e microchippedInitialProd | Date edure |

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