

AKAL BERRYESSA ANIMAL HOSPITAL

940 Berryessa Road, San Jose, CA 95133-1056

(408) 453-2524

SURGERY AND/OR MEDICAL TREATMENT CONSENT FORM

Owner's Name _____ Date _____

Patient's Name _____ Sex _____

I, the owner/agent of the above mentioned pet(s) hereby authorize the veterinarians of Akal Animal Clinic and the staff to perform the following procedures

1. _____ 2. _____ 3. _____

and such additional procedures as are considered therapeutically and/or diagnostically necessary due to some unforeseen conditions that may be revealed. **I fully understand the risks involved with the procedures**

(Surgery and Anesthesia), possible complications and realize that results can not be guaranteed. I agree to pay in full for services rendered, including those deemed necessary for medical and/or surgical complications or unforeseen circumstances. The estimate of charges for presently planned procedures is only an approximation.

PRE OPERATIVE BLOOD TEST

Like you, our greatest concern is the well being of your pet. We will perform the physical exam on your pet before anesthesia. However we strongly recommend Pre-Op blood test to rule out some underlying, pre-existing (liver, kidney) disease which may not be evident on physical exam; there is an additional cost of _____ .

Yes, I want my pet to have Pre-Op blood test No, I do not want my pet to have Pre-Op blood test

RECOMMENDATIONS

- | | | | |
|---|--|-----------------------------|---------------|
| 1) Buster collar (to prevent chewing on stitches) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost \$ _____ |
| 2) Felv and FIV (Leukemia and Feline AIDS) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cost \$ _____ | |
| 3) Pain Medicine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost \$ _____ |
| 4) Identification Chip | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost \$ _____ |
| 5) E. K. G. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost \$ _____ |
| 6) Laser | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost \$ _____ |

ALL SERVICES MUST BE PAID BEFORE ANIMAL IS RELEASED

Cash Check (w/DL) MC Visa Discover

Signature x _____ Date _____

Phone (_____) _____ (_____) _____ - _____
HOME WORK
(_____) _____ - _____
PAGER