

Dr. Kelly's Mobile Surgical Unit
Surgical Consent and Anesthetic Blood Screening Form

Client Name: _____ Animal Name/ID: _____
Address: _____ Phone: _____ Date: _____

Surgical Consent: I hereby authorize Dr. Kelly's Mobile Surgical Unit ("Dr. Kelly's") to provide veterinary medical, surgical, or dental care to my pet. I understand the nature of the scheduled procedure(s), and have had the opportunity to ask questions pertaining to possible side effects, risks and complications of these procedures. I am aware that unforeseen complications may arise during the procedure(s), and no guarantees have been made or implied concerning the results of these procedures.

____ SPAY SURGERY: I acknowledge my pet is not pregnant. If my pet is found to be pregnant I authorize the spay to continue knowing this will result in a terminated pregnancy and additional service charges.

____ DENTAL SURGERY: I understand that Dr. Kelly's will seek authorization while my pet is under anesthesia before proceeding with any oral surgery. I authorize **\$0, \$50, \$100 (circle one)** over the highest given estimated amount if I am unable to be contacted and agree to the additional charges. I also understand that Dr. Kelly's does NOT provide dental radiographs.

Pre-Anesthetic Blood Testing: Prior to putting your pet under anesthesia for the procedure(s), we will perform a pre-anesthetic and/or pre-surgical examination. However, many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. These disorders could lead to unforeseen complications during the procedure, thus, we strongly recommend blood work prior to any anesthetic procedure or surgery. Dr. Kelly's offers a pre-anesthetic blood work panel to be sent to an outside lab prior to surgical procedures for pets older than 10 years old or whenever the doctors determines blood work is required. Recent pre-anesthetic blood work is **REQUIRED** for pets 10 years and older prior to any surgery.

_____ My pet is under 10 years of age with no known pre-existing conditions and I understand the risks associated with the procedure, and decline a pre-anesthetic blood screen.

_____ My pet has had the pre-anesthetic blood work prior to appointment and elect to proceed with today's procedure.

Emergency Care: I understand that during the performance of the scheduled procedure(s) unforeseen conditions may be revealed that necessitate emergency care. I, therefore, consent to and authorize the performance of emergency care by Dr. Kelly's in the exercise of the veterinarian's professional judgment, and agree to pay for all reasonable related charges.

Release of Liability: I hold Dr. Kelly's and the associated veterinarians harmless from and against any and all liability arising out of the performance or complications arising from the scheduled procedures. I understand Dr. Kelly's Mobile Surgical Unit is not responsible for any costs that may come as a result of surgical complications including the possibility of death.

I understand there are risks associated with anesthesia and the procedures set forth above, and I have been informed of the potential complications by Dr. Kelly's. I acknowledge I have read and fully understand this Surgical Consent and Anesthetic Blood Screening Form and agree to proceed with the scheduled procedure(s). **I understand that my pet will receive a small tattoo along his/her incision site (non-painful) to show he/she has been sterilized to avoid unnecessary future anesthesia and surgery.** I understand a written prescription is available upon request.

Would you be willing to provide a small tax-deductible donation? Donations provided to Pal Fund are used to subsidize or provide FREE SURGICAL care for pets in need. Thank you!

Voluntary Donation \$5 _____ \$10 _____ \$20 _____ \$30 _____ \$ 40 _____ Other \$ _____

Signed: _____

Print Name: _____