

**SURGERY/TREATMENT CONSENT FORM**



**Owner:**  
**Case No:**  
**Street:**  
**City:**  
**Phone:**

**Patient:**  
**Breed:**  
**Sex:**  
**Color:**

**Species:**  
**Age:**

**Date:**

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Harden Ranch Veterinary Hospital, their agents, servants, and/or representatives full and complete authority to perform the treatments and or surgical procedures described as:

I understand that during the performance of the foregoing procedures and/or operations, unforeseen conditions may be revealed that necessitate an extension or change in the procedures or treatments set forth above.

Therefore, I hereby consent to and authorize the performance of such procedures or operations as are considered therapeutically and/or diagnostically necessary in the exercise of the veterinarian's professional judgment. In the event that I cannot be reached at the telephone numbers listed below, I authorize the attending veterinarian to extract any necessary teeth due to fractures, resorptive lesions, tooth root abscess or advanced periodontal disease. Yes  No  \_\_\_\_\_ initial. I understand that there will be additional costs involved and that I will be responsible for those fees.

I also authorize the use of appropriate anesthetics and other medications and understand that veterinary service is provided during the nighttime hours only as necessary in the judgment of the attending veterinarian.

I have been advised as to the nature of the procedures or operations and the inherent risks involved. I realize that results cannot be guaranteed and complications can occur even under the best of conditions.

**PAYMENT IS DUE UPON RELEASE - DEPOSITS MAY BE REQUIRED**

**In order to increase anesthetic safety, all patients being sedated or anesthetized are required to have a pre-anesthetic blood profile performed at the attending veterinarian's discretion. This profile examines blood counts and organ function in order to detect any underlying health problems that might affect the ability of the patient to undergo anesthesia safely.**

I have read and understand this authorization and consent to all statements above.

Signed \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**While your pet is at the hospital, would you like any of the following services to be performed?**

<input type="checkbox"/> Nail trim	\$16.80 Cats	\$20.00 Dogs	<input type="checkbox"/> Minor Ear cleaning	\$31.00
<input type="checkbox"/> Feline Leukemia/AIDS/Heartworm Test	\$43.50		<input type="checkbox"/> Comb out mats: \$2.00/min	
<input type="checkbox"/> DATAMARS microchip \$49.50 Surgical--\$52.00			<input type="checkbox"/> Bathing	\$35-\$75
<input type="checkbox"/> Heartworm test	\$31.00		<input type="checkbox"/> Flea/tick treatment	~ \$24-\$30
<input type="checkbox"/> Anal Gland expression	\$27.00		<input type="checkbox"/> Fecal Parasite Analysis	\$31.00
<input type="checkbox"/> Vaccinations:	Full mouth dental X-rays: feline \$140; canine \$155; large canine \$181			<input type="checkbox"/> Y/ <input type="checkbox"/> N
<input type="checkbox"/> I grant Harden Ranch Veterinary Hospital permission to post my pet's picture and story on social media				<input type="checkbox"/> Y/ <input type="checkbox"/> N