



BURKE COUNTY
ANIMAL HOSPITAL

Anesthesia/ Surgical / Treatment Consent Form

I am the owner (or owner's agent) of _____. I understand that I am authorizing the following procedure(s):

- There will be an additional charge for animals that are in heat or pregnant and are undergoing a spay surgery.
- Animals presented for surgery must be clean and free of any external parasites. If needed, we will bathe your pet and/or apply a single dose of our flea/tick product at our current price.

_____ If you would like pain management post operatively for your pet, initial here.
Post op pain management: Dogs: laser therapy (reduces pain and inflammation, speeds healing) and 3 days of carprofen (NSAID) sent home with pet. (\$20). Cats: laser therapy only (\$15). *All pets are treated with preoperative pain injection included in the price of surgery.*

_____ If you would like an e-collar (\$15 - \$25) sent home for your pet, initial here.

I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and hospital's control.

I understand that Burke County Animal Hospital is not staffed 24 hours a day and that some or all of the after-hours period will be unsupervised. I understand that, should I desire 24 hour care, I should transport my pet once stabilized, to a nearby 24-hour care facility (Augusta Animal Emergency).

Name & Signature _____ Date _____

Phone number where I can be reached today: _____