

SURGERY CONSENT FORM

Turning Stone Animal Hospital

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Client Name	Patient Name	Patient Age	Procedure	Date
Initial: _____		My pet is up-to-date on vaccinations		
Initial: _____		I understand that if external parasites (i.e. fleas, ticks, etc.) are present at the time of admittance to hospital, my Pet will be treated according to the doctor's recommendations at an additional cost to me.		
Yes	No	My pet is currently receiving heartworm prevention or has tested negative within the past 30 days. NOTE: If pet is not currently on heartworm prevention, we will perform a heartworm test.		
Yes	No	Are there any specific problems that need to be checked today (you will be charged the full physical exam)? If so, please state concerns:		
Yes	No	Did your pet eat this morning?		
Yes	No	Is your pet allergic to any drugs? If yes, what?		
Yes	No	Is your pet currently on any medication? If yes, what?		
Initial: _____		I understand the procedure to be performed requires use of anesthesia.		
Initial: _____		I give permission for the performance of any life-saving procedures deemed necessary by the attending veterinarian.		
Initial: _____		For Reproductive Procedures: <ul style="list-style-type: none"> ● (Males) I understand there will be an additional charge if both testicles are not located in the scrotum. ● (Females) I understand there will be an additional charge if my female animal is in heat, pregnant or severely overweight. NOTE: Each of these scenarios requires additional time and materials. 		

I understand and accept the risks and financial responsibility for my pet related to this procedure in accordance with the elections above.

Signature of Pet Owner/Authorizing Agent: _____

How would you like us to contact you today? (circle one)***

Phone call
Text
Email
Other

Telephone Number or email where we can reach you today: _____

***Please be sure to be available for some communication throughout the day as we may be calling while your pet is under anesthesia.