

**Lake Worth Animal Hospital
Consent For Surgery/ Treatment Agreement**

Date: _____/_____/_____

Pet's Name: _____ Owner's Name _____

Treatment/ Surgery:

I hereby give Lake Worth Animal Hospital and the doctors on staff authorization to perform the following procedure(s)/ treatment(s)/ or surgery needed by the above pet name.

Please Initial: _____

Anesthesia/Sedation:

I also authorize the use of anesthetics/and or sedatives as the doctor(s) deem advisable, and performance of such surgical or therapeutic procedures as indicated. Please Initial: _____

Pre-Anesthetic Lab Work:

The doctor strongly advises Pre-Anesthetic lab work prior to placing your pet under anesthesia. This will help detect underlying problems that may not be evident upon physical examination. Depending on the tests run, we may be able to detect early heart, liver, or kidney problems that can interfere with the success of the pet's surgery. I understand the importance of pre-anesthetic lab work and the charges involved.

I ACCEPT: _____ I DECLINE: _____

Vaccinations, Flea / Tick Control, and Heartworm Prevention:

For the welfare of all pets, yours and everyone else's, all animals entering the hospital **must** be up to date on vaccinations and free of internal and external parasites, or they will be treated upon entry at the owner's expense.

Please Initial: _____

Payment is required at the time of drop off. Checks are not accepted.

I am the owner or responsible agents of the animal listed above, and have the authority to execute this consent. I have been explained and understand the risks that may be involved with the procedures and/ or surgery. I also agree to pay for all charges associated with the care of the above pet. I do hereby forever release and discharge Lake Worth Animal Hospital and the attending veterinarian from any and all liability arising from such procedures and treatments.

Signature: _____ Phone Number: (_____)_____-_____