

South Ocala Animal Clinic

3760 SE Lake Weir Avenue, Ocala, FL 34471

(352) 622-5253

Dr. Kevin Stoothoff

**Anesthetic Procedure / Surgery Consent Form**

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Species: \_\_\_ Canine \_\_\_ Feline other: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Phone Number for Today: \_\_\_\_\_ Work \_\_\_ Home \_\_\_ Cell

I certify that I am the owner/agent of the animal described above, and give my consent to South Ocala Anima Clinic to perform the following procedures:

1. \_\_\_\_\_ Est. Fees \$ \_\_\_\_\_

2. \_\_\_\_\_ Est. Fees \$ \_\_\_\_\_

I understand that during the performance of the above procedure(s), unforeseen conditions may be revealed that necessitate variance in the procedure(s) set forth above. I expect South Ocala Animal Clinic to use reasonable care in performing the procedure(s). I understand that some risks exist with anesthesia and surgery and that I'm encouraged to discuss any concerns that I have about those risks with the veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that all questions I have regarding fees, possible complications, and any reasonable medical or surgical options have been answered to my satisfaction. I am aware that unforeseen events related to the procedure(s) may result in additional charges for which I will be responsible. A reasonable attempt to contact you will be made if charges exceed 15% of the estimate provided.

- Animals admitted must be current on their vaccinations. Pets with fleas, ticks or internal parasites will be treated at the owner's expense.
- For the safety of your pet we offer the following options:
  - Feline Leukemia/ FIV test
  - Heartworm Test
  - Pre-Anesthetic Electrocardiogram
  - Pre-Operation Blood work: includes Chemistry/ CBC
  - Post-Surgery Laser Therapy
  - No, I do not want any of the above performed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_