

Golden Valley Animal Hospital
651 Winnetka Avenue North
Golden Valley, MN 55427
763-546-2323



Greenbrier Animal Hospital
11040 Cedar Lake Road
Minnetonka, MN 55305
952-542-1012

SURGERY CONSENT FORM

OWNER'S NAME _____ DATE _____

ANIMAL'S NAME _____ SPECIES _____ SEX _____ AGE _____ COLOR _____

PRE-ANESTHESIA TESTING:

Our greatest concern is the safety of your pet. Our doctors will give your pet a thorough physical examination before the anesthetic procedure. However, there may be hidden problems which could cause an anesthetic complication if undetected. We therefore require pre-anesthesia blood testing for all pets undergoing surgery. Blood tests should have already been performed and the results discussed with you.

If we detect a significant problem, we will contact you before proceeding so **please be sure that we have a phone number where you may be reached during the procedure.**

PHONE: _____

INTRAVENOUS CATHETER AND FLUIDS:

Giving fluids ensures good blood flow to the body's tissues during an anesthetic procedure and helps with elimination of anesthetic drugs post-operatively, often resulting in a quicker recovery. An intravenous catheter also gives immediate access to the blood stream should emergency medications be needed. All pets undergoing a surgical procedure, other than feline castration, will have an intravenous catheter placed prior to surgery and will receive intravenous fluids during the surgical procedure.

I am the owner of the above-named animal or am responsible for it. I have authority to execute this consent.

I authorize the performance of the following procedures: _____

I authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated. The nature and risks associated with the procedure(s) have been explained to me and no guarantee has been made as to the results. I agree to indemnify and hold Golden Valley and Greenbrier Animal Hospitals harmless from and against any and all liability arising out of any of the procedures referred to above. I grant Golden Valley and Greenbrier Animal Hospitals permission to post my pet's picture, story and medical information on social media.

NOTICE-THIS ANIMAL HOSPITAL DISPOSES OF ABANDONED ANIMALS IN ACCORDANCE WITH MINNESOTA STATUTES 346.37, SUBD. 1. BY SIGNING THIS DOCUMENT YOU ACKNOWLEDGE HAVING RECEIVED A COPY THEREOF ON THE DATE INDICATED.

SIGNATURE OF OWNER OR RESPONSIBLE PERSON

I do not want my pet's picture, story or medical information posted on social media

Please check additional services you would like performed while your pet is under anesthesia:

_____ Express anal glands/bathe area

_____ Clean ears

_____ Fecal (to check for intestinal parasites)

_____ Implant microchip for identification

_____ Trim nails

Please indicate additional treatments desired

Please list any medications your pet currently takes and whether he/she got them this morning:

Depending on the procedure your pet is having done, we often recommend post-operative pain relief medication, tranquilizers, and an Elizabethan collar to prevent licking or chewing an incision. Please ask us about these options for your pet or you may OK them by checking them on this form:

_____ Pain medication

_____ Tranquilizer

_____ Elizabethan collar