



Louisburg Veterinary Hospital

Anesthesia & Surgical Consent Form

Client & Patient Information

Client Name (First)		Last	
Patient Name		Phone Number	
Best Daytime Contact		Preferred Contact (circle)	Text / Call

Hospital Policies & Acknowledgements

I understand that Louisburg Veterinary Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended.

I understand a written estimate for these services will be made available upon my request and that I will provide a 50% deposit for estimated fees.

If fleas are found on my pet, I authorize treatment with an appropriate flea preventative and understand I will be charged.

I understand Louisburg Veterinary Hospital is not responsible for personal belongings left with my pet.

I understand no guarantee has been made regarding surgical results and I assume financial responsibility for services rendered.

Pre-Anesthetic Blood Testing

It is important to understand that blood testing does not guarantee the absence of anesthetic complications but may reduce risk and help identify underlying disease. Disorders of the liver, kidneys, or blood may not be detected without testing.

_____ Pre-anesthetic blood work requested

_____ Decline blood work and accept surgical risk

Microchip

_____ Authorize microchip placement during anesthesia

_____ Decline microchip

Retained Deciduous (Baby) Teeth

_____ Authorize extractions if present

_____ Decline extractions

Spay/Neuter Identification Tattoo

_____ Authorize tattoo identification

_____ Decline tattoo

I authorize the doctors at Louisburg Veterinary Hospital to perform the indicated anesthetic and surgical procedure(s). I understand anesthesia and surgery carry inherent risks and that no guarantee or assurance has been made regarding outcome. I acknowledge I have had the opportunity to discuss concerns with the veterinarian prior to the procedure.

Client Signature		Date	
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CPR Consent Directive

If your pet requires cardiopulmonary resuscitation (CPR), please indicate your wishes below. A minimum CPR fee of \$190 may apply if resuscitation efforts are performed.

_____ REQUEST CPR for my pet if medically indicated

_____ DECLINE CPR (Do Not Resuscitate)

Signature		Phone	
Date			

Louisburg Veterinary Hospital

115 N Church St • Louisburg, NC 27549

Call or Text: (919) 496-2638 • Fax: (919) 496-2699

Email: louisburg@thevetpets.com