## GAGE ANIMAL HOSPITAL



4000 SW 12th Street • Topeka, KS 66604 • 785-272-8876 • www.gageanimalhospital.com

SURGERY CONSENT	
Owner Name:	Pet Name:
Surgical Treatment/Procedure(s):	
and understand that no guarantee has been made as to the involved with any medical or surgical procedure and I acce	have been advised as to the nature of the procedures or surgery
I agree to pay, in full, for services rendered, at the time of my pet's discharge from GAH, including those deemed necessary for medical or surgical complications or unforeseen circumstances at the time I pick up my pet from GAH. Any estimate for the planned procedure is only an approximation, and the final fee may be greater or less than this amount. My anticipated method of payment will be:	
Cash Personal Check Visa® MasterCard®	American Express® Discover Card® CareCredit®
Although we use the safest sedative and anesthesia agents available, all anesthetic and surgical procedures carry an element of risk, regardless of your pet's age or health status. We strongly recommend pre-anesthetic blood testing for all pets under the age of eight years old. However, we require blood testing for pets eight years of age and older prior to anesthesia and surgery. These blood tests enable us to screen for internal problems that may not be evident physically and to take additional precautions if minor medical problems do exist. Pre-anesthetic blood testing is available for an additional fee of \$80.00.	
[ ] YES, I wish to have a pre-anesthetic bl	lood test performed on my pet (\$80) Initials
We recommend that all <b>dogs</b> undergoing anesthesia and surgery be free from heartworm infection. If your dog is not currently on a routine heartworm preventative, we strongly recommend a heartworm blood test as an added precaution, prior to sedation or general anesthesia. <b>Pre-anesthetic heartworm testing is available for an additional fee of \$53.00.</b>	
[ ] YES, I wish to have a pre-anesthetic heartwo	orm blood test performed on my pet (\$53) Initials
If you cannot be present at the time of your pet's release, person. In my absence, I authorize the release of my pet	we must have authorization to release your pet to another to:
Phone number(s) where you can be reached should any c	questions or an emergency arise:
I have read and understand this authorization and consent.	

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

Signed: