

# Blackhorse Animal Hospital

## General Surgical Consent Form



Owner Name: \_\_\_\_\_ Client # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Procedure or Surgery Today: \_\_\_\_\_

**Biopsy - Accept or Decline**

**Dr. Fred Schneider / Dr. Kristen Endsley**

Our greatest concern is the well being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia carries some risk, even though it may be small. Blackhorse Animal Hospital's doctors and staff utilize safe anesthetic protocols for all of our patients. Some patients, due to age, or pre-existing conditions will already have received an estimate that includes blood work and IV fluids. All patients will receive minimum blood work.

**The blood work option below provides a more thorough screening for an additional cost.**

**Catalyst Chem 17 Clip .....\$45.00 Accept or Decline**

(All pets will receive IV fluids to maintain blood pressure; reduces post-operative renal failure, and provides immediate access to heart, should an emergency occurs.)

**While your pet is in the clinic, would you like the following additional services performed?**

Toe Nail Trim.....	\$5.00	(Reg. \$15.00)	Accept or Decline
Ear Cleaning .....	\$5.00	(Reg. \$10.00)	Accept or Decline
Anal Glands.....	\$5.00	(Reg. \$15.00)	Accept or Decline
Microchip .....	\$40.00	(Reg. \$50.00)	Accept or Decline
Fecal Analysis .....	\$20.00		Accept or Decline
Heartworm Test .....	\$35.00		Accept or Decline

Does your pet need any heartworm prevention or flea prevention to go home?

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Are there any concerns or questions regarding your pet that you would like to discuss with the doctor? \_\_\_\_\_

Does your pet have any sensitivities or allergies to any medications? \_\_\_\_\_

**All patients left in our care for any reason must be current on Rabies, Dogs: DHLPP, and Intra and Cats: FVRCP. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations.**

**All current/ new patients are required to have physical yearly exam, with our Doctor within one year, at an additional cost of \$60.00 \_\_\_\_\_Int.**

**I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.**

**Signature: \_\_\_\_\_**

**Please give all phone numbers that you or your spouse will be available:**

**Home Phone: \_\_\_\_\_**

**Cell: \_\_\_\_\_**

**Work Phone: \_\_\_\_\_**

**Other: \_\_\_\_\_**

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