

**Kanawha City Veterinary Hospital  
Surgery and Anesthesia Consent Form**

Client name \_\_\_\_\_ Pet Name \_\_\_\_\_

Procedure to be performed \_\_\_\_\_ Date \_\_\_\_\_

As the owner or authorized agent of the owner of the above named animal, I hereby authorize the doctors of Kanawha City Veterinary Hospital to perform any diagnostic, therapeutic, anesthetic, emergency, surgical or other procedures necessary to maintain the health and well-being of my pet. I understand and agree that I will be responsible for any charges that are incurred for such treatment. I further understand and agree that payment is due in full at the time that my pet is discharged, and a deposit may be required.

I understand that any procedure involving anesthesia carries some inherent risks to my pet, up to and including death. I hereby agree that the doctors and staff of Kanawha City Veterinary Hospital will be held harmless from any liability arising in whole or in part from any unforeseen circumstances that may occur to my pet, in the absence of gross negligence.

Required current vaccinations for all surgeries: Rabies, DHLPP/C (dog), FVRCP/C (cat)

If fleas or ticks are noted on your pet, topical medication will be administered at your expense while your pet is in the hospital.

Optional vaccinations: Feline leukemia (cat) [ ] Kennel Cough (cat or dog) [ ]  
Lyme disease (dog) [ ] Feline Infectious Peritonitis (FIP—cat) [ ]

**Highly Recommended before anesthesia: Bloodwork to assess internal health**

\_\_\_\_\_ Young, healthy pets less than 7 years of age: 6 Chemistries/CBC \$70.33 [ ]

\_\_\_\_\_ Pets over 7 years or sick pets: 12 Chemistries/Complete Blood Count \$88.18 [ ]

**Optional procedures while in hospital:**

Heartworm/tick disease test (dog) \$45 [ ] Feline leukemia/FIV test (cat) \$53 [ ]  
Nail trim \$11 [ ] Anal gland expression \$14 [ ] Oravet tooth protection \$22 [ ]  
Microchip \$63 [ ] Pull baby teeth \$38 [ ] Intestinal Parasite examination \$17 [ ]

I have read and understand the above information. Please perform the procedures that I have marked above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the above information. I decline all optional procedures without further consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s) where I can be reached today \_\_\_\_\_