

LAKWOOD ANIMAL CLINIC
6030 San Jose Blvd.
Jacksonville, FL 32217
733-4447

CONSENT TO SURGERY, ADMINISTRATION OF ANESTHETICS, AND
THE RENDERING OF OTHER MEDICAL SERVICES.

DATE: _____
NAME OF
PATIENT: _____
NAME OF
OWNER: _____
ADDRESS: _____

K-9 _____ FELINE _____

1. I authorize and direct DR. SANDLER, my veterinarian, to perform the following operation upon the patient, named above: _____ and/or to do any other therapeutic procedure that his judgment may dictate to be advisable for the patient's well-being. The risks and nature of the operation have been explained to me and no warranty or guarantee has been made to the result or cure.

2. I hereby authorize and direct DR. SANDLER to provide such additional services for the patient as he may deem reasonable and necessary, including, but not limited to, the administration of the anesthesia and the performance of services involving pathology and radiology, and I hereby consent thereto.

3. I do hereby authorize and direct the pathologist to examine, retain for scientific purpose or dispose of all such tissue, organs or members as shall be removed by operation or biopsy performed upon the patient.

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

WITNESS: _____

Phone number where you can be reached later: _____

<<We strongly recommend a pre-surgical blood screen on all patients undergoing anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning at 100%. The cost of the pre-surgical screen is \$48.80.

_____ Yes, please do the blood screen _____ No, I decline the blood screen at this time.

<<I authorize additional pain medication to be given. The cost of this would be \$35.95.
_____ Yes _____ No

Pre-surgical Evaluation: _____ Pulse: _____
Temp.: _____ Resp.: _____
Anesthesia (Amount and type used): _____