



**Cumberland  
Animal Clinic**

**Surgery Consent Form and Questionnaire**

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Procedure(s):** \_\_\_\_\_

**Pre-Anesthetic Blood Testing Consent:**

Your pet is scheduled for a procedure that will require anesthesia. Before putting your pet under anesthesia we recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney and/or liver disease which may complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. **If any significant abnormalities are detected on your pet's blood work, we will contact you and discuss further diagnostics and/or recommendations. In some circumstances, a Doctor may require that your pet have blood work prior to a procedure involving anesthesia.**

**Pre-Anesthetic Blood Tests:**

**\*\*The Doctor will pick the appropriate test based on the pet's age and/or medical history.**

**1) Chem10:**

**Recommended for healthy patients under 7 years of age**

Testing panel includes: ALKP (Liver), ALT (Liver), Albumin (Protein), BUN (Kidney), Creatinine (Kidney), Glucose (Sugar), Total Protein (Hydration), and Packed Cell Volume (Anemia.)

**2) Chem17:**

**Recommended for patients over 7 years of age and/or sick patients**

Testing panel includes: All tests included in Chem10 plus, Total Bilirubin (Liver), Calcium (Tumors), Amylase/Lipase (Pancreas), Cholesterol, and Electrolytes (Potassium, Sodium & Chloride.)

**Would you like us to complete pre-anesthetic blood work on your pet prior to their procedure? See costs above.**

- YES**, Please complete the recommended blood work prior to my pet's procedure.
- NO**, I have elected to **decline** the recommended blood work and request that you carry on with the procedure. I understand the potential risks of not performing the recommended blood work and proceeding with anesthesia.

\_\_\_\_\_

*Signature*

**Pain Medication Disclaimer:**

Animals, like humans, are often painful following surgery, so we strongly believe in the use of pain medication for your pet. **If the Doctor feels that the use of pain medication is necessary for your pet's procedure, then it will be administered. Please note that there is an additional cost for pain medication (please request an estimate for costs.)**

**Dogs-** An injection of pain medication is administered prior to surgery and an oral pain medication will be sent home with your pet for post surgery pain control.

**Cats-** An injection of pain medication is administered prior to surgery. For post surgery pain control, an injectable pain medication will be given to your pet at the clinic before departure, and/or liquid oral pain medication will be sent home with your pet.

**Hospitalization and Surgery Release:**

I certify that I am the owner/agent of the animal listed above. I authorize Cumberland Animal Clinic to hospitalize my pet and perform the scheduled procedure(s). I understand that there is always a potential risk involved with anesthesia and surgical procedures. I also understand that unforeseen conditions may be revealed that require an extension of, or different procedure(s) than those originally set forth. I realize that despite Cumberland Animal Clinic's efforts to reach me, time is critical and therefore, I hereby consent to and authorize the performance as necessary and desirable in that of the Veterinarian's professional judgment.

By signing, I submit that I have read and understand the above information.

**Signature of Owner/Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONTACT PHONE NUMBER(S)** \_\_\_\_\_

**Pre-Surgery Questionnaire:**

**Patient Name:** \_\_\_\_\_

**Medical History:**

- Yes     No    *Seizures?*
- Yes     No    *Heart Problems?*
- Yes     No    *Allergic Reactions?*
- Yes     No    *Drug Allergies or Reactions?*  
If Yes, What Drug? \_\_\_\_\_
- Yes     No    *Other Serious or Chronic Medical Issues?*  
If Yes, Describe: \_\_\_\_\_

**Sedation History:**

- Yes     No    *Sedated Previously?*  
If Yes, Any Problems? \_\_\_\_\_

**Heartworm Prevention:**

- Yes     No    *Current on Heartworm Prevention?*  
If No, a heartworm test needs to be done prior to anesthesia.

**Medication:**

- Yes     No    *Currently on Medication(s) Other Than Heartworm and Flea Prevention?*  
If Yes, What Medication(s)? \_\_\_\_\_

**NPO:**

The last time your pet ate or drank? \_\_\_\_\_

**Additional Services:**

- Nail Trim?*
- Microchip?*
- Express Anal Glands?*
- Clean Ears?*
- Other?* \_\_\_\_\_

**For Clinic Use Below**

**TAKEN IN BY:** \_\_\_\_\_

- Verified Vaccine History?**  
Anything Due? \_\_\_\_\_
- Yes     No    **Estimate Signed?**

**For Young Dogs:**

- Baby Teeth Present?*
- Two Testicles Descended?*
- Hernia?*

**For Tumor Removals:**

- Mark with a sharpie and describe location to be removed* \_\_\_\_\_

- Yes     No    **Other Questions?** \_\_\_\_\_
- Verified Contact Phone Numbers?**
- All Forms Signed?**