



## Growth/Mass Removal Consent Form

### **Owner Responsibility:**

- I understand that home care administered by myself or a designated caretaker may be required to achieve overall success. It is my responsibility to notify Shiloh Veterinary Hospital before altering the doctor's recommendations.
- I agree to make myself available by telephone during the approximate time interval of 8:30am to 4pm
- Home care instructions will be provided at the time of the pet's discharge.
- I understand that payment for services rendered will be due in full at the time of my pet's discharge

### **Hospital and Procedural Information:**

- **Anesthesia:** Pre-surgical blood tests and a physical exam will enable us to assess and minimize the risk of anesthesia to your pet.
- **Monitoring:** To minimize anesthesia risk, we monitor the heart rate, blood pressure, respiratory rate, temperature, and oxygenation.
- **Catheterization:** For sterility, hair will be shaved over a vein on a leg so that an intravenous catheter (I.V) can be placed. Blood pressure may lower during anesthetic procedures and fluid therapy aids in supporting your pet's internal organ systems. It also allows immediate access to the vascular system in case of emergency.
- **Pain Management:** Pain control is required after the procedure. An injection will be given before discharge and a prescription will be sent home.
- **Antibiotics** are an additional fee and may be prescribed by the doctor if deemed necessary.
- **Pre-Op Blood Work:**
  - If your pet is over the age of 6 years, your pet is required to receive bloodwork testing before going under anesthesia.
  - If your pet is under the age of 6 years, bloodwork is highly recommended but not required. Would you like us to run a panel?  
\_\_\_ Yes \_\_\_ No
- **Elizabethan Collar** is required to go home with every procedure. If you already own one that properly fits your pet, please bring it upon pickup or we will provide one for you at an additional cost.

### **Laser:**

Laser Surgery is an alternative to using a scalpel and may reduce blood loss, swelling, and postoperative pain. This does add an additional charge to the procedure.

\_\_\_ Yes, I do authorize the veterinarian to use the laser

\_\_\_ No, I decline the laser

### **Vaccines:**

#### **Canine**

Rabies 3yr  
Dapp 3yr  
Lepto  
Bordetella  
Influenza  
Proheart12  
Heartworm test  
Fecal

#### **Feline**

Rabies 3yr  
FVRCP 3yr  
FeLV  
Fecal

**Microchip:**

AVID microchip can be placed during your pet's procedure. It is about the size of a grain of rice and is placed between the shoulder blades. This is an advanced pet identification and retrieval system.

Yes, I authorize the veterinarian to implant my pet today with an AVID microchip.

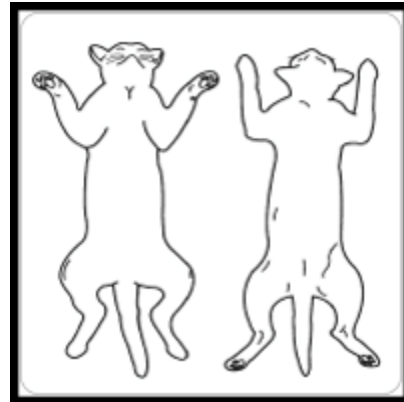
No, I am declining the implant

**Growth Removal Chart:**

After removal, would you like the growths to be sent off to the laboratory for biopsy for an additional charge?

Yes  No

Please circle all growths that need to be removed



**Authorization:**

I have read and fully understand this anesthesia and surgery consent form.

I authorize anesthesia and surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia, surgery and dentistry, and i am encouraged to discuss any concerns i have about those risks before the procedure. While SVH provides the highest quality of anesthesia monitoring, surgical services and dentistry, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic procedure. I recognize that the veterinary and hospital staff will do all that is necessary to minimize such risks. I will hold harmless Shiloh Veterinary Hospital, the veterinarian, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care.

No warranty or guarantee has been offered or given to me as to the results or cure afforded by these treatments or procedures.

_____		_____	
Signature		Print Name	
_____	( ) _____	( ) _____	
Date	Primary Contact #	Secondary Contact #	