**** **Coast Animal Health  
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**Surgical Consent Form  
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| OWNER /AGENT DETAILS PATIENT DETAILS | | | | |
| Name: | |  | Name: |  |
| Contact Phone Number: | |  | Breed: |  |
| Alternative Phone Number: | |  | Gender: |  |
| Address: | |  | Age: |  |
|  |  | | Breed: |  |

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| SURGICAL PATIENTS |
| **REASON FOR ADMISSION I hereby authorize Coast Animal Health to perform the following procedures:** |
| Is your pet currently taking any medication? Yes or No – please provide details: |
| Does your pet have any current medical problems? Yes or No – please provide details |
| Has your pet had any food or treats this morning? Yes or No |
| Is your pet up to date with their Vaccinations? YES or No – When last performed? |
| Has your pet been unwell in the last 48 hours? YES or No – Please provide details? |
| Has your pet ever had a seizure or a fit? Yes or No |
| Has your pet had any previous reactions to anaesthetic? Yes or No |

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| PRE-OPERATIVE SERVICES |
| Diagnostic testing such as **Pre-anaesthetic blood screen** will be able to warn us of many disorders of the liver, kidney or blood which can not be tested during a full physical examination. This provides us important information which can significantly minimize risks to your pet.  **Would you like your pet to have pre-anaesthetic blood? YES or NO (additional charges apply $101.85)** |
| **All** patients (except for Animal Welfare League and Rescue group desexings) who receive an anaesthetic **will receive intravenous fluids** for the duration of the surgical procedure. Intravenous fluids greatly assist blood pressure and kidney functions, minimize complications and give your pet a smooth and rapid recovery. **Animal Welfare League Desexings – Would you like your pet to have intravenous fluids? YES or NO**  **(additional charges apply $68.50)** |
| All patients who are having a surgery or dental procedure will receive specialised pain relief provided to them *before and after* the procedure. *Take home medication is available and recommend for all surgical procedures. It reduces pain and swelling.* Would you like your pet to go home with pain relief medication? YES or NO  **(additional charges will apply including Animal Welfare Procedures)** |
| We strongly recommend **Elizabethan collars** after surgery? We do not accept responsibility for a pet chewing/rubbing their stitches out once they have gone home if they do not have an E-Collar.  **Would you like your pet to go home with an Elizabethan Collar? YES or NO** (**additional charges apply. $7 up to $40.00 )** |
| ESTIMATE OF COST |
| An estimate summarizing anticipated charges is ­­­­­­­­­­­­­­$  I understand that an estimate is an approximation of charges to you, and they are based on the anticipated details of services to be performed, it is possible that unexpected complications may cause some deviation from the estimate and therefore may vary from the final bill. All reasonable efforts will be made to contact the authorized owner BEFORE incurring any further major expense; however, I understand that this may not always be possible in an emergency. FULL PAYMENT IS REQUIRE UPON DISCHARGE OF YOUR PET. **OWNER/AUTHORISED AGENT INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| CONSENT |
| **PLEASE READ CAREFULLY AND SIGN**  I am over the age of 18 years and am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Coast Animal Health to perform the above-mentioned operation(s), procedure(s), examination(s) or test (s).  **OWNER/AUTHORISED AGENT INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I** understand that although all reasonable precautions and due care will be taken; there is always a potential risk with any anaesthetic, operation(s), procedure(s), examination(s) or test (s). I accept these risks and authorise Coast Animal Health to perform such treatment deemed necessary. I have been advised of the nature of the procedures and the risks involved. I assume financial responsibility for all charges incurred to the patient. I realise that results cannot be guaranteed, and further treatment options may be necessary. I understand that if additional or repeat treatment(s) is required any further charges will be payable by me.  **OWNER/AUTHORISED AGENT INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cardiopulmonary Resuscitation (CPR)** Coast Animal Health often treats complex critical cases, and in these situations, our team has to make serious medical decisions regarding your pet’s treatment. At a moment’s notice, we may need to know whether you wish for us to attempt to resuscitate your pet in event of cardiac or respiratory arrest. This is a serious procedure with many potential complications as well as added financial responsibility. *Should my pet require cardiopulmonary resuscitation. I request that the doctor(s) at Coast Animal Health pursue such medical care as indicated:* ***please circle***  **Yes - please perform CPR on my pet in event or cardiac or respiratory arrest -CHARGES WILL APPLY.**  **NO – do not resuscitate my pet in in event or cardiac or respiratory arrest.**  *I accept that if the hospital staff is unable to reach me within 20minutes after initiation of CPR procedure and/or after exercising reasonable medical judgement, the medical team determines that there is no reasonable hope for medical success, the staff will cease further CPR procedures. I also understand that despite the best efforts of the doctors and staff, even the most successful CPR procedure may restore life but may not allow for my pet to regain normal mental and physical health.* **OWNER/AUTHORISED AGENT INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Coast Animal Health takes extremely careful measures that patients hospitalized at our clinic will not be exposed to contagious illnesses whilst they are on the premises. It is your responsibility to extend the same care and to ensure that your pet is fully vaccinated.  **If your pet is not up to date with their vaccination, would you like them to have a vaccination today? YES or NO**  **OWNER/AUTHORISED AGENT INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **My signature on this form indicates that any questions I have regarding the above-mentioned procedure(s) or treatment(s) have been answered to my satisfaction.**  **I have read and understand this authorization and consent.**  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please Print) SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Authorised Agent)  WITNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Witness to Signature of Authorised Agent)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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