

# Chatham Animal Hospital and Bird Clinic

## Surgery/Anesthesia Consent Form

6719 Waters Avenue  
Savannah, GA. 31406  
Christopher H. Gall, DVM  
(912) 352-0011

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pets Name: \_\_\_\_\_

Pets Age: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Surgery Type/Reason for anesthesia: \_\_\_\_\_

Vaccinations to be given today: \_\_\_\_\_

Tests to be ran today: \_\_\_\_\_

### Hospital Policies

#1 All animals must be current on vaccines.

**Canine:** DHPP, BBV, RV

**Feline:** FVRCP, RV

**Ferret:** DAPP, RV

#2 All cats must be Feline Leukemia/FIV negative. If there is no written documentation, we must test prior to surgery.

#3 All dogs not on Heartworm preventative must be tested for heartworms BEFORE being anesthetized.

#4 All animals 5 to 8 years old MUST have the \$84.88 pre-anesthesia blood work.  
All animals 8 years and older MUST have the \$151.37 pre-anesthesia blood work.

#5 There will be an extra charge for animals that are in heat, pregnant, or have retained testicles.

#6 All animals must be clean and free of external parasites (fleas and ticks). If they are not, they will be treated or bathed at the owners expense.

I authorize the use of appropriate anesthetics and other medications. I understand that the hospital support staff will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures or operations and the risks involved. I realize that the results cannot be guaranteed. I have read and understand this authorization and consent.

Owners Signature: \_\_\_\_\_

Emergency Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

