



Locally Owned & Operated Since 1968

# HILTON HEAD VETERINARY CLINICS

- The Best Care For Your Best Friend -

[www.HiltonHeadPet.com](http://www.HiltonHeadPet.com)

## Surgery Mass Removal Consent Form

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I do hereby certify that I am the owner/guardian/agent of the pet described above and have full authority to execute this consent. I certify that my pet has not eaten in the last 8-12 hours as recommended. I give my full authorization and consent to have the veterinarians of Hilton Head Veterinary Clinics perform the surgical procedures listed below.

Remove \_\_\_\_\_ mass/masses located \_\_\_\_\_

Additional Procedure(s) \_\_\_\_\_

**Pre-Surgical Bloodwork:** Your pet's risk of complications during and after anesthesia and surgery is tremendously greater if there is pre-existing organ disease, malfunction, or failure. We strongly recommend bloodwork before anesthesia and surgery to help rule out these problems or identify them and devise an alternative treatment plan to meet your pet's unique needs. Although optional, these blood panels provide immensely valuable information.

**Pets under 5 years of age:** We perform a blood chemistry profile that assesses liver values, kidney values, blood glucose, and blood proteins. \$77.00

**Pets over 5 years of age:** We perform a COMPREHENSIVE blood chemistry profile that assesses liver values, kidney values, blood glucose, blood proteins, calcium, phosphorous, cholesterol, and more. \$114.00

\_\_\_\_\_ YES I DO \_\_\_\_\_ NO I DO NOT want to have pre-surgical bloodwork performed as recommended.

**Post-Surgical Pain Management:** The anesthetic protocol chosen by our doctors provides relief from pain during and up to 4-6 hours after surgery. For this reason, your pet should be comfortable, although possibly a little drowsy, upon discharge. However, we recommend an additional injection after your pet wakes up from anesthesia that lasts for 24 hours and PROVIDES RELIEF FROM BOTH PAIN and INFLAMMATION (redness, heat, and swelling at the incision site). \$36.00

\_\_\_\_\_ YES I DO \_\_\_\_\_ NO I DO NOT want my pet to have a pain management injection.

**Biopsy/Histopathology:** Masses/growths/tumors CANNOT be POSITIVELY IDENTIFIED by VISUAL EXAMINATION. Therefore, we strongly recommend sending any masses removed from your pet to the lab for microscopic examination, evaluation, and interpretation by a veterinary pathologist. This is to positively identify the type of mass/tumor, determine whether it is benign (not aggressive or likely to spread) or malignant (aggressive and very likely to spread), help in deciding if any future treatments will be necessary, and provide a prognosis for your pet's future quality of life and well-being. Results take 3-5 days. One sample/mass \$201, each additional mass submitted at same time \$168.

\_\_\_\_\_ YES I DO \_\_\_\_\_ NO I DO NOT want my pet's mass sent to the lab for analysis.

\_\_\_\_\_ YES I DO \_\_\_\_\_ NO I DO NOT want to receive a phone call after the procedure is completed.

I authorize the doctors and supporting staff of Hilton Head Veterinary Clinics to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the use of all anesthetic agents, sedatives, tranquilizers, and other medications and supportive care before, during, and after my pet's procedure deemed as necessary by my pet's attending veterinarian. I understand that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I have been advised of the risks and possible complications of my pet's procedure and that results and/or expected outcome cannot be guaranteed. If for any reason an emergency situation arises with my pet, the doctors and supporting staff of Hilton Head Veterinary Clinics have my full permission to provide medically necessary treatment, and I agree to assume full financial liability for any and all expenses incurred. I understand that payment is due at the time of service and that I am fully financially responsible for any and all services rendered. Should I not pay the balance in full, I agree to pay interest on the remaining balance in the amount of 18% interest per annum. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

\_\_\_\_\_  
Signature of Owner / Guardian / Agent

\_\_\_\_\_  
Date

(\_\_\_\_\_)\_\_\_\_\_  
Daytime Phone Number