

**Montgomery Animal Hospital**  
827 Bethlehem Pike  
Flourtown, PA 19031  
(215) 233-3958

**Surgical Consent Form**

Date: \_\_\_\_\_  
Client's Name: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

I certify that I own the animal named above. I consent and authorize Montgomery Animal Hospital and its staff to hospitalize my pet and to administer whatever sedation, tests, surgical procedures, treatments, medications and vaccinations that the doctors deem necessary for the health, safety and well-being of my pet while it is under their supervision. I understand that some pets may be required to stay overnight following the surgery either because of the nature of their surgical procedure or because of their failure to adequately recover from the anesthesia, and that there may be a fee for such overnight stays.

If my pet should injure itself in an escape attempt, refuse to eat, soil itself, become ill or die while in the hospital, I agree not to hold Montgomery Animal Hospital and/or its staff responsible and/or liable in the absence of gross negligence. I agree not to hold Montgomery Animal Hospital and its staff responsible for complications caused by my pet's postoperative overactivity, scratching, chewing or rubbing at his/her's surgical site. If repairs for such activities are required, I agree to pay for all costs needed to repair any self-inflicted postoperative damage.

I further agree that I am responsible to pay in full for the listed procedures/treatments at the time my pet is discharged. If I fail to pick up my pet within five (5) days of receiving written notice mailed to my address on record, Montgomery Animal Hospital may consider my pet to have been "abandoned" by me. The hospital then has my permission to dispose of my pet as it sees fit. I understand that "abandonment" does not release me from my obligation to pay my pet's bill including any extra costs incurred due to my "abandonment."

I further agree that in the case of nonpayment of my pet's bill, a finance charge of 1-1/2% per month (18% per annum) will be charged on the unpaid balance, and that the finance charge and any collection fees incurred by Montgomery Animal Hospital will be paid by me.

PROCEDURE: \_\_\_\_\_

When was the last time you pet was given any food item (i.e., meal, snack, biscuit)? \_\_\_\_\_

\_\_\_\_\_  
(Signature of legal owner or responsible person) Date: \_\_\_\_\_

**What Number can you be reached while you are away?**

\_\_\_\_\_

### Feeding Instructions

Our in-house diets are Purina EN prescription dry food and Purina ProPlan canned food. We can feed your pet either of the two or a mixture of dry and canned.

Check here if your pet will be fed our in-house diet.

Check **ONE** of the following boxes and indicate how much and how frequently you feed. (cups, tablespoons, etc.)

Dry Food Only \_\_\_ cup(s) \_\_\_ times a day

Wet Food Only: \_\_\_ can(s) \_\_\_ times a day

Both Wet and Dry Food: \_\_\_ cup(s) of dry food mixed with \_\_\_ can(s) of wet food \_\_\_ times a day.

Check here if you are providing your pet's food during their stay.

**Note: All food is to be labeled with your pet's First and Last Name with a permanent marker.**

Food Brand: \_\_\_\_\_

How many individual bags of dry food have you brought in? \_\_\_\_\_

How many cans of wet food have you brought in? \_\_\_\_\_

AM Feeding: Feed \_\_\_ bags of dry with \_\_\_ can(s) of wet.

PM Feeding: Feed \_\_\_ bags of dry with \_\_\_ can(s) of wet.

### **DIETARY RESTRICTIONS (Allergies, Prescription Diet Foods, etc.):**

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Have you noticed any of the following over the past month?

1. Vomiting: **YES/NO**
2. Diarrhea: **YES/NO**
3. Coughing: **YES/NO**
4. Sneezing: **YES/NO**
5. Limping: **YES/NO**
6. Loss of appetite: **YES/NO**
7. Increased appetite: **YES/NO**
8. Other (***Please explain here***):

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**Medications**

<b>NAME</b>	<b>DOSAGE</b>	<b>AMOUNT/FREQUENCY</b>

**Belongings**

<b>ITEM</b>	<b>ITEM DESCRIPTION (COLOR, SIZE)</b>
1.	
2.	