

Anesthesia / Surgical Consent

Client Name:

Patient Name:

Address:

Species:

Breed:

Sex:

Phone Number:

Color:

Weight:

Age:

Anesthetic and surgical procedure(s) to be performed:

All pets dropped off for surgery must be current on vaccinations. If you are unable to provide proof of vaccination, your pet will be updated at your expense.

Please read the following information outlined below and initial beside your choices.

Pre-anesthetic Blood Profile:

Performing bloodwork prior to using anesthesia provides invaluable information about the health and functioning of your pet's internal organs and how well your pet can metabolize anesthesia. Red and white blood cells provide information regarding oxygen-carrying ability and how well your pet can fight infection. Platelet counts indicate how effectively your pet is able to stop bleeding.

- Yes, please perform the pre-anesthetic blood profile at the cost of **\$48.50**
 No, do not perform the recommended pre-anesthetic blood profile.

Microchip

This identification system will be registered with a national database to identify your pet in the event that it is lost.

- Yes, please implant a microchip to permanently identify my pet at the cost of **\$49.50**
 No, I decline the implantation of a microchip.

I understand that any time anesthesia is used, a certain amount of risk is involved. I understand there is a pre-anesthetic test (Bloodwork) that may decrease the risks associated with anesthesia. I understand the increased risk of complications as a result of not performing this test before anesthesia. I hereby authorize and direct the veterinarian to perform the procedures and/or additional diagnostic and/or treatment procedures as deemed advisable for my pet. I realize that I will perform all procedures and treatments to the very best of their abilities and will use all reasonable precautions to ensure my animal's health and safety. However, I make no guarantee or warranty regarding the results of treatment or procedure. I will hold harmless (and employees) should my pet injure itself, escape, fail to eat, become ill, or die. I understand that should my pet need extractions during a dental cleaning, those extractions will be performed without contacting me. **I understand that if my pet is found to have external parasites upon exam, it will be treated at owner's expense. I have consented to the above procedures and I agree to pay in full any and all costs incurred involving my pet at the time the services are rendered.**

Signature of Owner: _____

Date: _____

Phone number(s) at which owner can be reached today or tomorrow: