

ANESTHESIA/SURGERY CONSENT FORM

DATE: _____

Last Name: _____ First Name: _____

Best Contact Phone# (____) _____ - _____ Alternate Phone# (____) _____ - _____
(For Today between 8am-6pm)

Species: CANINE OR FELINE Breed: _____ Color: _____

All pets must be current on vaccinations (Rabies, DHLPP, FVRCP, Bordetella is recommended for dogs). All pets will be given a capstar at admission to insure they are free of fleas at owner's expense of \$6.50.

_____ Spay (if in heat, additional charge) _____ Neuter (if cryptorchid, additional charge) _____ declaw Front/all four
(Circle one)
_____ Dental (extractions, additional charge) _____ Growth Removal (mark growths to be removed on the next pg)

Other: _____

The Doctor will make an assessment of the pain involved and implement a pain medication plan as needed.

Recommended Pre-Surgical Blood Work

Profile #1

Recommended Up to 6 years of age

**Kidney (BUN & Creatinine)
Liver (ALT & ALK Phos)
Blood Sugar (Glucose)
Total Protein**

Profile #2

Recommended Above 6 years of age

**Complete Blood Count
Complete Organ Profile
Total Protein & Albumin**

I want the following blood test: Profile #1 _____ Profile #2 _____ Outside Lab on _____

I decline the recommended blood work and request that you proceed with the anesthesia. _____ (initials)

Heartworm Test Y / N (circle one)

Feline Leukemia/Feline Aids (FIV) Y / N

IV FLUIDS during Surgery: Intravenous fluids during surgery help to maintain normal blood pressure, allow rapid administration of drugs should an emergency situation develop, and promote a quicker recovery. We will shave a small area for IV catheter placement.

Use IV Fluids during surgery _____

Do not use IV Fluids during surgery _____

MICROCHIP IMPLANT- We can implant a small microchip under the skin between the shoulder blades that will help in the safe return of a lost pet. Animal Control agencies and Veterinary Hospitals scan all lost pets brought through their doors.

Implant Microchip _____

Decline Microchip _____

I understand that anesthesia involves risks and hazards in addition to those involved with the recommended surgical, medical, or diagnostic procedure. I understand that no guarantee or warranty has been made regarding the results or cure. I will be called at the number listed should the doctor find the procedure(s) to be more involved or additional procedures to be required. If I cannot be contacted, I authorize the doctor to perform the necessary procedure. We accept Cash, Debit, Visa, MasterCard, Discover, or check with proper identification. I have read and fully understand the terms and conditions set forth above.

Signature of owner or authorized agent: _____ Date: _____