

SURGICAL / GENERAL ANESTHESIA CONSENT FORM

PET'S NAME: _____ OWNER: _____

PHONE NUMBER(s) WHERE YOU CAN BE REACHED DAY OF SURGERY:

_____ / _____

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent.

I hereby, consent and authorize of the following procedure(s) or operation(s):

I understand that during the procedure or operation, complications or unforeseen conditions may be revealed that necessitate additional medical or surgical procedures. Therefore, I consent to the performance of such procedures necessary and desirable in the exercise of the veterinarian's professional judgement. *(An attempt will be made to contact the owner should such events occur.)*

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

ADDITIONAL CONSIDERATIONS:

Please circle: YES NO

- **PRE-ANESTHESIA BLOOD SCREEN**

Estimated Cost: \$ _____

We will perform a physical examination on your pet before administering the anesthesia. However, many conditions, including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. For these reasons, our veterinarians recommend pre-anesthesia blood testing be performed on all pets that will be placed under anesthetic. These tests are performed on the day of the procedure in our own laboratory and the results will be immediately available to our doctors. The cost of the pre-anesthesia bloodwork will be discussed at the time of the appointment.

YES NO

YES NO

- **HOME AGAIN MICROCHIP**

Estimated Cost: \$ _____

(This includes a one time activation fee and the first year's annual membership fee.)

YES NO

- **ORAVET HOME CARE KIT** [Recommended after a dental.]

Estimated Cost: \$ _____

YES NO

OTHER: (PLEASE CIRCLE ITEMS THAT YOU NEED TO HAVE PERFORMED)

- **DOGS:** Heartworm Test Flea/Tick Prevention Fecal
Heartworm prevention - [must have current heartworm test]
- **CATS:** FELV/FIV Test Flea/Tick Prevention Fecal

OWNER OR AGENT: _____ DATE: _____