## ANESTHESIA & TREATMENT CONSENT FORM

Canyon Small Animal Hospital

Name	Today's Date
Pet's Name	Species:   Dog  Cat Breed
Today's Phone #	Alternate Phone #
Please be available at one of the	ese numbers for the duration of your pet's stay, should an emergency arise.
procedures:	I hereby give my consent to Canyon Small Animal Hospital to perform the following
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2	4
variance in the procedure(s) set forth above the procedure(s). The nature of the procedure	e of this procedure, unforeseen conditions may be revealed that necessitate an extension or ve. I expect Canyon Small Animal Hospital to use reasonable care and judgment in performing lure(s) and risks involved has been explained to me, and I realize results cannot be guaranteed, esulting from the procedure(s) will not relieve me from any obligation to all reasonable costs
	Signature of Owner/Agent
you like yo Would you like you Idaho State law requires	E nail trim service while your pet is anesthetized. Would our pet to receive this nail trim while asleep today?  □ YES □ NO  ur pet to receive a Microchip ID Implant while anesthetized? □ YES □ NO  that all dogs and cats be vaccinated for Rabies by a veterinarian. like us to vaccinate your pet for Rabies virus today? □ YES □ NO \$37.00
	LABORATORY TESTS WAIVER
rate of complications. Nevertheless, occa	ared that advances in anesthesia and surgery have made procedures relatively safe with a low asional problems can arise due to pre-existing conditions not evident during pre-anesthetic we recommend that all animals be evaluated prior to anesthesia by means of the following
A. Pre-Anesthetic Blood Chemistry	& CBC Screen □ YES □ NO \$55.00
B. Leukemia/Immunodeficiency Vi	rus Test (Cats only, if not vaccinated) □ YES □ NO \$45.00
C. Heartworm Test (If over 6 month	ns of age, and not on a preventative) □ YES □ NO \$29.00*
	LS ADMITTED MUST BE FREE OF EXTERNAL PARASITES. L FOUND TO HAVE FLEAS, TICKS, OR EAR MITES WILL BE TREATED AT THE OWNER'S EXPENSE.
	Signature of Owner/Agent