



Andover Animal Hospital

233 Lowell St., Andover, MA 01810
978-475-3600

Client Name: . .

Patient Name: .

Client #: .

Procedure(s): _____ Date: _____

Surgical Sedation Consent Form

(*Please initial your choice of the following options)

1. Pre surgical blood screens: Blood work already done _____

_____ **Tier I-** Consists of PCV/TS, Blood Urea Nitrogen and Blood Sugar. Cost--**\$26.00.**

Recommended for dogs under 3 years old, undergoing elective surgical procedures, such as spay/neuter. Screens for anemia, dehydration, kidney problems, and blood sugar abnormalities.

_____ **Tier II-** Consists of a PCV/TS, and Chemistry Profile. Cost--**\$83.00**

Recommended for any dog 3-7 years old requiring anesthesia. In addition to the above, it gives us a better picture of internal organ function.

_____ **Tier III-** Consists of a Chemistry Profile and a Complete CBC. Cost--**\$143.00.**

For older or very sick animals. Shows organ function as above plus provides platelet and white blood cell counts.

2. _____ I would like my pets nails trimmed pain free while under anesthesia **\$12.00**

3. Emergencies:

_____ I hereby authorize treatment in the case of an unforeseen emergency. I wish to be notified as soon as possible.

_____ Do Not resuscitate my pet (DNR). I wish to be notified prior to treatment of an unforeseen emergency. I understand that the delay in treatment could result in serious complications, including death.

* I hereby give my consent and authorize the use of sedation on my pet. I understand that there are possible reactions, allergies and other sensitivities, that may result in complications including death of the patient. These reactions are uncommon, but still occur in a small percentage of patients

I understand my pet is not supervised 24/7.

Signature: _____

TELEPHONE NUMBER (where you may be reached day of surgery) _____