

Tuckahoe Veterinary Hospital
Anesthesia/Surgery Consent

Client Name _____

Phone # _____

(Where I can be reached the Day of Surgery)

I request that my pet _____ undergo the following anesthetic procedure:
_____. My pet has had nothing by mouth for the past 12 hours. My pet has no known seizure history or drug allergies.

I understand that in order for my pet to receive surgery, he/she must be current on all appropriate vaccinations. If my pet is not current on these vaccines, I understand that these vaccines will be given to my pet today and the charges added to today's invoice.

Please be aware that if your female dog or cat is to be sterilized (spayed) and she is found to be in estrus (heat) or pregnant during surgery additional charges will be added to today's invoice due to the added complications these conditions impose upon surgery.

I understand that the requested procedure may require general anesthesia and I understand the risks of general anesthesia in animals. Adequate kidney and liver function is essential to the breakdown and removal of common anesthetic agents from the body.

A Pre-Anesthetic Blood Profile is VERY STRONGLY ADVISED FOR ALL SURGICAL PATIENTS when general anesthesia is being administered, unless similar testing has been done within six (6) months. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

The price of the Pre-Anesthetic Blood Profile is \$75.00 for Cats & \$95.00 for Dogs (includes clotting factor)

Please Check One

I Do I Do Not want this testing performed.

We offer HomeAgain Microchip Identification Insertion and Registration while your pet is under anesthesia. This protection is \$52.00.

Please Check One

Yes, please protect my pet with the HomeAgain Microchip. No, thank you.

AUTHORIZATION

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety and care of my pet. I hereby consent to and authorize the performance of such additional procedures as are necessary in the veterinarian's professional judgment. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand that payment is due at the time my pet is released from the hospital.

Signature _____

Date _____

