

Anesthesia/Surgery Consent

Date: _____ Owner Name: _____

Pet Name: _____ Procedure: _____

I am the owner of the above animal or have the responsibility and authority to execute this consent. I hereby authorize and direct the veterinarian and whomever she / he may designate as assistants to perform the above procedure(s).

If any unforeseen condition arises, I authorize the veterinarian to perform such procedures as deemed necessary for the safe recovery my pet. I consent to the administration of anesthesia to be applied by the veterinarian and to the use of such anesthetics deemed advisable.

The nature and purpose of the procedure(s) has been explained to me and no guarantee or assurance has been made as to the results or cure that may be obtained. I agree to indemnify and hold harmless the veterinarians and staff from and against any and all liability.

Dental Examination and Cleaning

We recommend that your pet's teeth be examined and polished while under anesthesia. The cost is \$76.00. If the veterinarian determines that further care is necessary (such as x-rays, extractions, sealant, etc.), we will need to contact you by phone before proceeding. At the bottom of this form, please provide a phone number where we can reach you.

Please give your approval or disapproval by marking the appropriate box:

Approve Disapprove

Pre-operative Blood Screen

For the protection of all our surgical patients, we recommend a pre-operative blood screen, This screen, which can be performed the day of the scheduled procedure, may help us recognize health conditions, previously inapparent, that could increase the risk to your pet. The cost is \$62.00. (This is **strongly** advised for any pet over 8 years of age.)

Approve Disapprove

Pet Microchip Identification

While your pet is under anesthesia, we can microchip your pet for permanent identification. The cost is \$45.00. Registration with the Animal Recovery Database is an additional fee.

Please microchip my pet Please do not microchip my pet

I realize that I am responsible for all charges and that payment in full is due at the time of discharge unless prior arrangements have been made. A pre-treatment deposit may be required.

Signature of Owner/Responsible Agent _____ Phone _____