

Anesthesia/Surgery Consent

Date: _____

Owner Name _____ Pet Name _____

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 following procedures:

and if any unforeseen condition arises, authorize the veterinarian to perform procedures to or different from those now contemplated, as deemed advisable or necessary for 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.

<p>We recommend that your pet receive proper dental care to preserve its health and extend its natural life span. If deemed necessary by the veterinarian, do you wish to have your pet's teeth cleaned and polished while under anesthesia? The cost is \$76.00. Any extractions deemed necessary by the doctor will be performed for an additional cost. Please give your approval or disapproval by marking the appropriate box:</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>
<p>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. There is an additional cost of \$57.50. (This is strongly advised for any pet over 8 years of age.)</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>
<p>Pet Microchip Identification. While your pet is under anesthesia, we can microchip your pet for permanent identification. The additional cost to you is \$45.00. Registration with the Animal Recovery Database is additional.</p> <p><input type="checkbox"/> Please microchip my pet <input type="checkbox"/> Please do not microchip my pet</p>

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 _____