



ANESTHESIA PROCEDURE CONSENT FORM

CLIENT: _____ PET'S NAME: _____
SPECIES: _____ BREED: _____ SEX: _____ AGE: _____

I am the owner or authorized agent of owner of the above-described animal and have the authority to sign this consent. I hereby authorize the performance of the following procedure(s): _____ on the date of: _____.

The nature of such procedures has been explained to me to my satisfaction and, while I accept that all procedures will be done to the best abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding results or cure.

I authorize the hospital staff to provide emergency services and procedures as are necessary for the well-being of my pet. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

**** If fleas or ticks are found on your pet, we will treat your pet to kill the parasite. The fee for this treatment is \$24.00.**

A pre-anesthetic blood screen performed prior to anesthesia is strongly recommended for all pets and would have to be done at least 24hrs prior to the procedure. The charge for the blood test is \$90 for younger pets & \$148 for older pets.

- Please perform the appropriate pre-anesthetic blood profile for my pet.
- I do NOT wish to have the appropriate pre-anesthetic blood profile performed.

The placement of an intravenous catheter and intravenous fluids is strongly recommended for all pets while under anesthesia. The charge for intravenous fluids is \$65.00.

- Please use intravenous fluids on my pet while under anesthesia.
- I do NOT wish to have intravenous fluids used.
- Please permanently identify my pet with an I.D. microchip. (**I.D. microchip identification is \$48**)
- I do NOT wish my pet to be permanently identified with an I.D. microchip.
- Please perform a Feline Leukemia/AIDS test on my cat prior to surgery. (**Feline Leukemia/AIDS test is \$48**)
- I do NOT wish my pet to have a Feline Leukemia/AIDS test on my cat prior to surgery.
- Please trim my pet's nails while under anesthesia. (**Nail trims under anesthesia are complimentary.**)
- Please do NOT trim my pet's nails.
- Additional services requested: _____

**** In case of dental work being performed, please refer to our "Dentistry Consent Form"**

I understand that all fees will be due and paid in full at the time of discharge.

Signature: _____ Contact Phone #: _____