



Anesthesia Consent Form For Surgical and Dental Procedures

First and Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary phone number: _____ Email: _____

Best phone number for us to contact you on the day of the procedure: _____

Pet's Name: _____ Breed: _____

Age: _____ Color: _____

Which procedure are we doing for your pet?

Spay/Neuter Dental Lump Removal

Other: _____

When will your pet last eat or drink prior to the procedure? _____

Dogs/Cats only: no food or water after midnight the night before arrival

Was your pet given any medications pre-operatively? No Yes

If yes, which medications were given and when: _____

Is your pet on any chronic medications? No Yes

If yes, which medications were given and when: _____

Please choose one of the following options related to dental procedures:

Contact me prior to any extractions. If I am not able to be reached, no extractions will be performed.

I approve any extractions the veterinarian deems necessary for the health of my pet. I understand there are additional charges for extractions which vary based on the affected tooth, number of teeth being removed, and the amount of additional time needed for extractions.

My pet is not having a dental procedure today.

The veterinarian will make every effort to contact you should an unforeseen emergency arise during the procedure. Please choose an option in the event we are not able to reach you:

Proceed with life sustaining procedures

DO NOT proceed with life sustaining procedures (DNR – Do Not Resuscitate)

I hereby certify that I am the owner, or duly authorized agent of the owner, of the above described animal and authorize the veterinarians and staff of All Creatures Animal Hospital to administer anesthesia and perform the chosen procedure. The nature of this anesthetic procedure and its risks have been described to me to my satisfaction.

Signature

Date