



Today's Date: _____

Small Animal Anesthesia Consent Form

Owner Name: _____ Phone Number: _____

Patient Name: _____ Age: _____ Sex: _____

Current Medications: _____ Date & Time of Last Meal: _____

Surgical Procedure(s) to be performed: _____ **Veterinarian:** _____

As with any procedure requiring general and/or local anesthesia, there are certain risks associated that may result in serious complications or even death.

As the owner of the above pet,

I certify that I am over the age of 18;

I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies.

I understand there are risks inherent in these services as there are with all surgical procedures and procedures requiring local/general anesthesia.

I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results.

Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedure(s). I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner's initials to verify the above: _____

Pre-Anesthetic Bloodwork & Rabies:

The following are suggestions for a complete blood screening prior to anesthesia. These are highly recommended and help us plan the safest anesthetic protocol for your pet. **Patients over 7 years of age are required to have a geriatric blood panel. All dogs over 7 months of age are required to have proof of a negative heartworm test. A current Rabies vaccination is required on all patients over 12 weeks of age.**

____ Apparently healthy pet and under 7 years of age: Blood panel assesses liver and kidney function, blood sugar, signs of infection or anemia, and ability to clot the blood (~\$157)

____ Pet is 7 years and older, or who have health problems: In addition to the tests mentioned above, this panel also includes pancreatic enzymes, calcium, cholesterol, phosphorus, and gallbladder health. (~\$186)

____ I prefer to not have any additional blood chemistry testing performed beyond the requirements listed above.

Owner's initials to verify the above: ____

Additional Procedures:

I wish to have the following performed on my pet in addition to the planned procedure:

- | | |
|--|--------------|
| ____ Spay Tattoo (Complimentary) | Other: _____ |
| ____ Nail Trim (Complimentary) | _____ |
| ____ Rabies Vaccine (Required for all patients over 12 weeks of age) | _____ |
| ____ DAPPLV + L4 Vaccine | |
| ____ Bordetella | |
| ____ Heartworm Test | |
| ____ Microchip Placement | |
| ____ Feline Leukemia Vaccine | |
| ____ FVRCP Vaccine | |
| ____ I prefer not to have any additional procedures performed | |

Owner's initials to verify the above: ____

Owner Signature: _____

Date: _____