



## Surgical and Anesthetic Consent Form

Owners

Patient:

Name:

Name:

Address:

Species:

Phone Number:

Age:

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I hereby consent to and authorize the performance of the following anesthetic and/or surgical procedures \_\_\_\_\_

### Pre-Anesthetic Blood Work

Routine pre-surgical analysis of can help us to evaluate your pet's ability to utilize and metabolize drugs and anesthetics. The tests we recommend gauge the major organ functions and other common problems at particular stages of life. While the performance of these tests does decrease surgical anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk. They do not guarantee results or a cure.

\_\_\_ I DO / \_\_\_ DO NOT authorize these **blood tests** for my pet (\$72)

### Pre and Post operative pain Management.

The intensity and duration of pain will vary with each surgical procedure for this reason we recommend to proactively manage pain associated with any procedure with appropriate pain medications.

\_\_\_ I DO / \_\_\_ DO NOT authorize these **pain medications** for my pet (\$30-\$52)

### Other Procedure easily accomplished under anesthesia

\_\_\_ I DO / \_\_\_ DO NOT implantation of Microchip (\$51)

\_\_\_ I DO / \_\_\_ DO NOT authorize a **nail trim** to be done under anesthesia (\$16)

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Best phone number to reach you at today: 1. \_\_\_\_\_ 2. \_\_\_\_\_