



Surgery and Anesthesia Consent Form

Owner information

Name _____

Address _____ city _____ zip _____

Please provide all available contact phone numbers

home [_____] work [_____] cell [_____]

Other Phone Number(s) to call Today: _____

Date _____ Pet's Name _____ Age _____ Breed _____

Color _____ gender M F (Spay/neuter)

Significant Health Issues Problems or Concerns:

Last Meal _____

Procedure(s) _____

If your pet is due for any vaccines, would you like them updated today? Yes _____ or No _____

Microchip# if known _____

If not microchipped, would you like to do it today @ discount? Yes _____ or No _____

We offer other discounted procedures while your pet is anesthetized. Please check any treatments you wish performed:

Yes or No _____ Nail Trim (complimentary, reg. \$17.00)

Yes _____ or No _____ Express Anal Glands \$12 (reg. \$22.00)

Yes _____ or No _____ Bath (short-medium hair cats only)

Yes _____ or No _____ Extensive Ear Clean \$20 (reg. \$50)

Please initial and sign the following:

_____ A pre-anesthetic blood profile is done before any anesthetic procedure to reduce the risk to your pet. Pets under 7 is \$82.50, Pets 7 or older is \$129.50.

_____ Payment in full is due at the time of discharge.

_____ For Dental procedures: Until a pet is anesthetized the doctors and staff cannot fully access the extent of dental work necessary and therefore any quote given to me may change due to extractions and extensive tartar or gum disease.

I, _____, hereby authorize the performance of these procedures. If, in the event that, in the normal course of the described procedures, a general anesthetic is required I authorize this. I understand that with any general anesthetic there is a risk of an adverse reaction, which could result in death. The nature of the procedure(s) has been described to to my satisfaction and I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered, and that full payment is due on the date of discharge from the hospital unless other arrangements have been made in writing.