

## Consent for Anesthesia

Pet Owner \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Pets Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Last time Pet had food or water: \_\_\_\_\_

I am responsible for the above described animal and have the ability to give you my permission to receive, prescribe for, treat and/or operate upon my pet. I acknowledge that the use of anesthesia is required by the treatment plan described as follows:

OHE(Spay): \_\_\_\_\_ Neuter: \_\_\_\_\_ Declaw: \_\_\_\_\_ Dental: \_\_\_\_\_ Growth/Mass Removal: \_\_\_\_\_

Miscellaneous surgery: \_\_\_\_\_

Your pet will receive some pain medication while they are here with us for the surgical procedure, would you like any additional pain medication sent home? **(Optional. Additional charge applies)**

\_\_\_ YES or \_\_\_ NO

**Please administer these services during my pets stay (Check all that apply) :**

- |                                                                                          |                                                |
|------------------------------------------------------------------------------------------|------------------------------------------------|
| ___ Rabies Vaccine: ___ 1 year <b>OR</b> ___ 3 year                                      | ___ Microchipping                              |
| ___ Canine Parvo/Distemper Vaccine                                                       | ___ Feline Leukemia/Distemper Vaccine          |
| ___ Kennel Cough Vaccine (recommended if your dog visits a groomer or boarding facility) | ___ Feline Leukemia/Feline Aids Testing        |
| ___ Heartworm testing                                                                    | ___ Flea and tick preventative                 |
| ___ Bath/Grooming                                                                        | ___ Deworming                                  |
| ___ Other: _____                                                                         | ___ Heartworm prevention                       |
|                                                                                          | ___ Nail Trim (Add filing smooth for \$7? ___) |

I acknowledge that there are certain risks to anesthesia that could involve serious bodily injury or death to my pet and that these risks are present in any procedure that requires a general or intravenous anesthetic. I agree to the use of anesthesia as considered necessary and advisable to the veterinarian.

**Please Note:** We have a floating surgery schedule where surgeries are worked in throughout the day. Some surgeries are done in the mornings, some in the afternoons, and sometimes at the end of the day – it can vary depending how many emergencies etc. we have walk-in throughout the day. You will receive a call post-op letting you know that your pet did well and is awake, but because of the floating schedule, please don't be alarmed if you don't receive a call early in the day.

**I have read and agree to the terms listed on this above,**

Date \_\_\_\_\_

Signature \_\_\_\_\_