



ANESTHESIA/SURGERY CONSENT

DATE:

PATIENT:

OWNER:

YOUR PET IS SCHEDULED FOR ANESTHESIA AND AN ADDITIONAL PROCEDURE. WE WANT YOU TO KNOW THAT THE SAFETY, COMFORT AND WELL BEING OF EACH PATIENT IS OF THE UTMOST IMPORTANCE TO US. EACH PATIENT IS MONITORED THROUGH HIS/HER PROCEDURE AND RECOVERY BY OUR DOCTORS AND TRAINED NURSING STAFF.

WE ROUTINELY RECOMMEND A PRE-ANESTHETIC BLOOD PROFILE ON EVERY PATIENT TO TEST FOR DEHYDRATION, ANEMIA, DIABETES, LIVER AND KIDNEY DISEASE.

PLEASE PERFORM THE RECOMMENDED PRE-ANESTHETIC PROFILE

I DECLINE THE RECOMMENDED PRE-ANESTHETIC PROFILE

*there may be cases where the doctor supervising the case REQUIRES a pre-anesthetic profile to be performed.

WE ALSO RECOMMEND THAT DOGS OVER 6MONTHS OF AGE AND NOT ON MONTHLY HEARTWORM PREVENTION BE TESTED PRIOR TO ANESTHESIA AS THE PRESENCE OF HEART WORMS GREATLY INCREASE THE ANESTHETIC RISK.

PLEASE PERFORM A HEARTWORM TEST

I DECLINE A HEARTWORM TEST

I ASSUME FULL FINANCIAL RESPONSIBILITY FOR THIS ANIMAL AND AGREE TO PAY ALL CHARGES UPON RELEASE.

I AUTHORIZE MY PET'S ADMISSION FOR ANESTHESIA AND/OR SURGERY. THE PHONE NUMBER BELOW IS WHERE I MAY BE REACHED IF NECESSARY.

OWNER SIGNATURE:

OWNER PHONE NUMBER:

All fees are due at the time services are rendered. Our hospital accepts cash, checks, all major credit cards, and Care Credit. We DO NOT have a provision for billing and may require a deposit in advance for services rendered

