**Anesthesia/Surgery Consent Form for Pine Street Animal Hospital**

Owner Name : <first-name> <last-name> Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name : <animal>

Account: <number>

Are Vaccinations current? Y N Vaccines to be given today\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures to be done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Pre-Anesthetic Screening**: Our greatest concern is the well-being of your pet. A physical exam will be performed before anesthesia. However, some conditions can exist without clinical illness that may affect anesthesia. The ability to metabolize anesthetics in the liver and eliminate them through the kidney is of concern. We highly recommend pre-anesthetic blood screening before anesthesia.

\_\_\_\_\_ I authorize the pre-anesthetic blood screen at the cost of $71.50

\_\_\_\_\_ I decline the pre-anesthetic blood screen. I understand and assume all responsibility for additional risks or complications resulting from refusal or service.

**Other procedure available:**

\_\_\_\_\_ Dental Prophy (scale and polish)with necessary extractions

\_\_\_\_\_ Extract Deciduous Teeth (baby teeth)

\_\_\_\_\_ Microchip/Registration $71.86

\_\_\_\_\_ Histopath (if applicable) $111.00

**To prevent hospital infestation, any pet found to have fleas/ticks while hospitalized will be treated at the owner’s expense.**  Current flea medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last given\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** In the event of a life threatening **EMERGENCY**, should we be unable to reach you for a decision in the care of your pet, we will do what is necessary to save your pet. In this event, you will be responsible for all charges for services rendered for and to your pet.

I understand that risks exist with anesthesia and surgery and that all necessary precautions are taken to limit potential complications. **Potential anesthetic risks** can include but are not limited to adverse reaction to anesthetic agents, seizures under anesthesia or in recovery, anaphylaxis and death.

**Owner Consent**: I am the owner of the patient identified above and am 18 years of age or older. I authorize the veterinarians to perform the above procedures. I understand that veterinary medicine is not an exact science and that no guarantee regarding results or success of treatment can be made. Doctors and staff of Pine Street Animal Hospital will not be held liable under any circumstances as it is thoroughly understood that I assume all risk. **I have read the foregoing and agree and acknowledge that I have read this document in its entirety.**

Owner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_