

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: _____

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 kidneys is of concern. We require pre-anesthetic blood screening and an IV catheter to be placed before any anesthetic procedure. Normal blood work done in the last 30 days (either with us or another licensed veterinarian with proof) is acceptable.

Other procedure available:

_____ Dental Prophy (scale and polish) with necessary extractions

_____ Extract Deciduous Teeth (baby teeth)

_____ Microchip/Registration \$71.86

_____ Histopath (if applicable) \$134.00

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 veterinarian 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 _____