

“There are no safe anesthetic agents, there are no safe anesthetic procedures. There are only safe anesthetists”

ANESTHESIA & SEDATION CONSENT FORM

CLIENT: _____ PET'S NAME: _____

SPECIES: _____ BREED: _____ SEX: _____ AGE: _____

I am the owner or authorized agent of owner of the above-described animal and have the authority to sign this consent. I hereby authorize the performance of the following procedure(s): _____ on the date of: _____.

The nature of such procedures has been explained to me to my satisfaction and, while I accept that all procedures will be done to the best abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding results or cure.

It is estimated that approximately 1 in 100,000 animals will have some sort of reaction to an anesthetic agent. These reactions may range from a mild swelling at the site of an injection to a life threatening anaphylactic reaction or even death. I understand that all sedations and anesthetics carry a degree of risk, which has been explained to me by my pets doctor. To decrease the risk of the anesthetic we recommend that all pets have a pre-anesthetic blood test to help identify any hidden disease.

If fleas or ticks are found on your pet, we will treat your pet to kill the parasite. The fee for this treatment is \$20.00. This is to safeguard the health of other patients in our hospital.

A pre-anesthetic blood screen performed prior to anesthesia is strongly recommended for all pets and should be done no more than 7 days prior to the procedure. The charge for the blood test is approximately \$53.00.

- Please perform the appropriate pre-anesthetic blood profile for my pet.
- I do NOT wish to have the appropriate pre-anesthetic blood profile performed.

- Please permanently identify my pet with an I.D. microchip. ***(I.D. microchip identification is \$49)***
- I do NOT wish my pet to be permanently identified with an I.D. microchip.

- Please perform a Feline Leukemia/AIDS test on my cat prior to surgery. ***(Feline Leukemia/AIDS test is \$40)***
- I do NOT wish my pet to have a Feline Leukemia/AIDS test on my cat prior to surgery.

- Please trim my pet's nails while under anesthesia. ***(Nail trims under anesthesia are complimentary.)***
- Please do NOT trim my pet's nails.

- Additional services requested: _____

I understand that all fees will be due and paid in full at the time of discharge.

Signature: _____ Contact Phone # _____