

**ANIMAL CARE HOSPITAL
SURGERY/ANESTHESIA CONSENT**

I hereby consent and/or authorize Dr. _____ of Animal Care Hospital to induce and maintain general anesthesia and to perform the needed surgical procedure for my pets. I understand that all anesthetic and surgical procedures involve some minimal risk to my pets. Animal Care Hospital and its employees will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risk. I have been informed of the possible risks and complications that may arise during this procedure. I also understand that no guarantees are to be expected.

All pets seven years of age and over must have a blood screen performed prior to anesthesia (unless done within the past month) and must have an IV catheter and IV fluid support during the procedure.

We recommend pre-anesthetic blood screening for all patients to check liver and kidney function and to screen for anemia, dehydration and diabetes. *This service is \$* _____

(initial) _____ I request a pre-anesthetic screen *(Mandatory for pets 7 and older)*

(initial) _____ I decline a pre-anesthetic screen

We also recommend intravenous fluids for all surgical and dental patients to help maintain blood pressure and circulation to internal organs. *This service is \$* _____

(initial) _____ I request that my pet be placed on IV fluids *(Mandatory for pets 7 and older)*

(initial) _____ I decline IV fluids

Laser surgery is now an option with most surgical procedures. There is less pain, bleeding, swelling, less risk of infection and quicker recovery. *The additional laser use fee \$* _____

(initial) _____ I request laser surgery

(initial) _____ I decline laser surgery

Procedure or procedures to be performed _____

Are there any other services you would like for your pet today:

(additional fees will apply)

VACCINATIONS

- _____ Distemper/Parvo/Corona Virus (Dogs)
- _____ Bordetella (Canine Cough) (Dogs)
- _____ Rabies (Dogs and Cats)
- _____ FVR-C-P (Cats)
- _____ Feline Leukemia (Cats)
- _____ Other _____

TEST AND SERVICES

- _____ Internal Parasite Exam (fecal)
- _____ Microchip Implantation
- _____ Heartworm Blood Test (Dogs)
- _____ Toe Nails Shortened and Cauterized
- _____ Express Anal Glands
- _____ Feline Leukemia - FIV Test (Cats)
- _____ Trim Mats
- _____ Remove Dewclaws (Dogs Only)

Owner's Name _____ Pet's Name _____ Age _____

Signature of Owner or Responsible Party _____ Date _____

Witness _____

Phone Numbers for Today _____

WE DO NOT PROVIDE 24 HOUR CARE