

For office use only:

Client ID:

Patient ID:

**Westridge Animal Hospital
3909 New Boston Rd
Texarkana, TX 75501**

Surgery/Anesthesia Consent Form

Client Name _____ **Patient Name** _____

Address _____ **Species** _____ **Breed** _____

Telephone _____ **Sex: Neutered Male Male Spayed Female Female**

Your pet is schedule to have anesthesia and/or a surgical procedure today. It is important to us that you understand that we believe each of these procedures to be of significant value in accomplishing this procedure without incident or complications. Additionally, we believe recovery rate to be significantly greater in pets which have these services performed.

We highly recommend the following:

Pre Anesthetic Blood Testing: Pre Anesthetic blood work is required for ALL pets 8 years of age and older. Some conditions, including disorders of the liver, kidneys, and blood, are not detected unless blood testing is performed. Anesthetic agents are processed through the body by the liver and kidneys. For this reason, we highly recommend pre anesthetic blood testing to place your animal in the lowest possible anesthetic risk category.

Comfort Care Package: Our Deep Tissue Cold Laser uses a beam of laser light to deeply penetrate tissue without damaging it. Laser energy induces a biological response in the cells called "photobiomodulation", which leads to reduced pain and inflammation, and increased healing speed. Our Comfort Care Package is an option we provide as another way to make sure your pet is feeling as comfortable as possible after their surgery.

Please initial beside treatments to be INCLUDED with your pets' surgery:

_____ Pre Anesthetic Blood Profile **\$60.00** _____ Comfort Care Package **\$8.00** _____ Microchip **\$69.50 (chip/registration)**

If you choose to decline the above recommended procedures, please sign the statement below:

I, the owner, or owner's agent, of the pet decline the above recommended preanesthetic diagnostic tests and agree to hold Westridge Animal Hospital harmless, in the absence of negligence, in the event of anesthetic, surgical, or medical complications that might have been detected had these tests been performed.

_____ (Signature)

I also agree to pay for services at the time of release for the pet, and in the event of unforeseen circumstances, I will be responsible for any additional charges that may apply.

Signature of Owner/Owner's Agent

Date

Phone Number ☐ Texting option for updates on your pets procedure

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C: _____
M: _____
F: _____