

Poquoson Veterinary Hospital 483 Wythe Creek Road, Poquoson, VA 23662 (757)868-8532



ANESTHETIC CONSENT

I (owner)	authorize Poquoson Veterinary Hospital to
administer gener	
(procedure)	to be performed. I do understand that there are
inherent risks associ	ciated with anesthesia and unforeseen conditions may be
revealed that necess	itate an extension or variance in the procedure set above. I
expect Poquoson Vet	terinary Hospital to use reasonable care and judgment in
	edure. The nature of the procedures and risks involved has
been explained to	me and I realize results cannot be guaranteed. I also
understand that I m	nay be responsible for additional costs associated with the
planned and unplant	ned events.
	PLEASE INDICATE YOUR CHOICES
	<u> </u>
PREANESTHETIC BLOC	DDWORK (CHOOSE ONE OPTION)
I AUTHORIZE -	THE DOCTOR RECOMMENDED BLOODWORK
I DECLINE - T	THE DOCTOR RECOMMENDED BLOODWORK
BLOODWORK AI	LREADY DONE
INTRAVENOUS FLUIDS	<u>!</u>
I AUTHORIZE	I DECLINE
PAIN MANAGEMENT	
INITIAL - PVH t	akes a multimodal approach (combination of different types of medications) to
	for our patients. We often use combinations of injectable, topical and oral
medications to control of	discomfort. The veterinarian will determine what is best, based on the type of e age and health of your pet.
DENTAL CLEANINGS/E	XTRACTIONS
	erstand that teeth may be extracted or other periodontal procedures may be dically necessary by the veterinarian.
1	
MICROCHIP	
I AUTHORIZE	I DECLINE/PREVIOUSLY DONE
Signature of owner/agent	tDATE/
Today's phone number (c	ontact 1)
(c	contact 2)

All animals admitted must be current on their vaccinations and must be free of external parasites. Dogs must also have a current negative heartworm test and internal parasite exam. Cats must be tested for Feline Leukemia and Feline Immunodeficiency Virus. Any animal found to have fleas or ticks will be treated at the owner's expense.