## ANESTHESIA/SURGERY CONSENT

		DATE	
<last-name>, <first-name></first-name></last-name>	" <animal>" <species>, <breed>,<color></color></breed></species></animal>		
	Alternate phone # ()		
For Today between 8am – 6pm			
All pets must be current on vaccinations (Rabies, DHLP PV, FVRCP) Bordetella is recommended for dogs. All pets will be given a capstar at admission to insure they are free of fleas at Owners expense \$7.00. Spay (if in heat, additional charge) Neuter (if cryptorchid, additional charge)			
Dental (extractions additional)	_declaw front / all four (circle one)		
Growth removal (mark growths to be removed on next page) Other			
The Doctor will make an assessment of the pain involved and implement a pain medication plan.			
Required Pre-Surgical Blood Work (up to 23 months recommended)			
Profile # 1 2-5 yrs.	Profile # 2 6 yrs and older		
Kidney (BUN & Creatinine)	Complete Blood Count		
Liver (ALT & ALK Phos)	Complete Organ Profile:		
Blood Sugar (Glucose)	Kidney profile (BUN, Phosphorous, Creatinine)		
Total Protein	Calcium (indicates some tumors & endocrine system		
	Total Protein & Albumin indicates acute/chronic Dis	ease	
-	ed labwork 1 Profile # 2 Outside Lab on and request that you proceed with the anesthesia(	(initials)	
Heartworm Test Y / N (check one)	Feline Leukemia / Feline Aids (FIV) Y / N (che	eck one)	

**IV Fluids during Surgery** – Intravenous fluids during surgery help to maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop. We will shave a small area for IV placement. Your pet will receive intravenous fluids during the anesthetic period, which will provide for safer anesthesia and a quicker recovery.

MICROCHIP IMPLANT (\$52) Implant microchip \_\_\_\_\_ Decline microchip \_\_\_\_\_

I understand that anesthesia involves risks and hazards in addition to those involved with the recommended surgical, medical or diagnostic procedure. I understand that no guarantee or warranty has been made regarding the results or cure. I will be called at the number listed should the doctor find the procedure(s) to be more involved or additional procedures to be required. If I cannot be contacted, I authorize the doctor to perform the necessary procedure. I agree to assume financial responsibility and provide payment in full when the patient is discharged. We accept CASH, CREDIT CARDS (Visa, Mastercard, Discover, CareCredit) or check with proper identification. I have read fully and understand the terms and conditions set forth above. \_\_\_\_\_\_ (initial)

Signature of owner or authorized agent	Date