PETS AND VETS ANIMAL HOSPITAL **Surgery and Anesthesia Consent Form**

Client Information

Owner Name	:	Pet	Name	:
Drop off Time:	:	Pet	Age	:
Surgical Procedure	:			

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am *eighteen vears of age or over* and authorize the veterinarian(s) at this practice to perform the above procedures. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated.

Is your pet on any supplements or medications? Please list all below:

Pre-Anesthetic Blood Testing: Our greatest concern is the well being of your pet. We will be using pulse Oximetry/ECG/BP/temperature to monitor your pet during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. Before putting your pet under anesthesia, we will perform pre-anesthetic blood work. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. For these reasons, the complete blood work is part of your surgery/anesthesia package. If any abnormalities are detected in the blood work the procedure will be postponed and you will only be charged for the blood work.

□ I agree to perform blood test Initial :

Microchipping: Permanent Home Again Microchipping is a very simple and safe way to permanently identify your pet. Because we at Pets and Vets feel this is so important for you & your pet.

I agree to perform microchipping Initial :

Misc Services: While your pet is under anesthesia, we are able to perform many convenient procedures such as nail trims and/or general ear cleaning

Perform Nail Trim Perform Ear Cleaning Initial

I, being responsible for the above animal, have the authority to grant you my consent to receive treatment, prescribe for and/or operate upon my pet as noted above. You are to use all responsible precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand and I assume all risks. I agree to pay for in full for the services rendered.

Signature :	Date :
In Case of an emergency where can we reach you?	
Phone :	Cell :