



CONSENT FOR ANESTHESIA AND SURGERY (UNDER 5 YEARS OF AGE)

Date: _____

Owner _____

Address, City, State, Zip _____

Pet's Name _____ Species _____ Age _____ Sex _____

Pre-anesthetic blood work: Pre-anesthetic blood work is strongly recommended for all patients undergoing anesthesia. A simple blood test, performed in-house will tell us about your pet's liver and kidney function, and allow us to tailor our anesthetic protocol to your pet. Our minimum testing is \$92.40 above the cost of surgery, anesthesia, and vaccinations.

Pre-anesthetic blood work: Yes No If declining, please initial here: _____

My pet has had the following medications in the last week: _____

The procedure(s) being performed today is/are _____

REASONABLE PRECAUTION WILL BE USED AGAINST INJURY, ESCAPE, OR DEATH OF YOUR PET. THE CLINIC AND STAFF WILL NOT BE HELD LIABLE FOR PROBLEMS THAT DEVELOP PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. I UNDERSTAND ANY PROBLEM THAT DEVELOPS WITH MY PET WILL BE TREATED AS DEEMED BEST BY THE STAFF AND VETERINARIAN(S) AND I ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED. I AGREE TO PAY FOR SERVICES RENDERED AT THE TIME THEY ARE COMPLETED. I WILL BE HELD RESPONSIBLE FOR REASONABLE COSTS INCURRED ON COLLECTION OF SAID FEES, SHOULD SUCH ACTION BE NECESSARY.

X _____ (Signature of responsible party)

Please indicate if your pet requires any vaccinations or deworming:

Dogs: Distemper/Parvo combination Rabies Bordetella

Cats: FVRCP/FelV FVRCP Rabies

Deworming: Yes No **Heartworm test:** Yes No