



ANESTHESIA/SURGERY CONSENT

Patient Name: _____ Client Name: _____

I hereby authorize the following procedure(s) be performed by the on-staff veterinarian and designated assistants:

FOR PETS UNDERGOING GENERAL ANESTHESIA: We recommend that pre-surgical bloodwork be performed prior to administration of anesthesia. This blood test will rule out possible anesthetic complications associated with diabetes, liver or kidney problems, or dehydration. The cost of this test is \$56 (provided on your estimate). If your pet is under 6 years of age, you may elect whether or not your pet has the pre-surgical bloodwork.

Bloodwork Required YES, perform bloodwork NO, my pet is under 6 and I am declining bloodwork

Please list any additional services you would like performed today: _____

You will be contacted by a veterinarian or technician after your pet has recovered from today's procedure. We will discuss a pick-up time at that point, as well as any other special instructions. You will also be given written discharge instructions at the time of pick-up.

I have received an estimate for the prescheduled services. I can be reached at _____ today. My pet has not had any food or water after _____. I am the owner/agent for described animal and I authorize and request the services listed on this form. I understand, and accept that when anesthesia is involved, there are always inherent risks. Concord Pike Veterinary Hospital is to use all reasonable precautions against injury or death of my pet, but will not be held liable or responsible in any connection therewith as it is understood that I assume all risks.

X

Authorized Representative Signature & Date