

Anesthesia Consent Form

Name: _____

Date: _____

Client's Name: _____

Patient's Name: _____

Owners of animals 8 years of age and older are required to have PREANESTHETIC BLOODWORK performed on their pet prior to any procedure involving anesthesia. However, PREANESTHETIC BLOODWORK is optional for owners of animals who are under 8 years old.

Preanesthetic bloodwork would reveal any underlying liver and/or kidney abnormalities which can be seen in young pets that might cause problems with anesthesia. If the blood test results are abnormal, the doctor may elect to change the type of anesthetic drugs selected for your pet in order to minimize anesthetic complications.

The price for the recommended bloodwork is \$92.50. (Bloodwork is REQUIRED in animals over 8 years of age). Please initial one response below:

YES, I understand that bloodwork is required for my pet at an additional cost of \$92.50. _____

YES, please perform the bloodwork for the \$92.50 additional cost _____

NO, I do not wish to have bloodwork performed _____

All owners have the option of having a DATAMARS MICROCHIP placed under their pet's skin for identification purposes. Shelters and veterinary hospitals routinely scan for these chips when presented with a lost animal. The microchip can be placed when the animal is not anesthetized but, because a rather large needle is used, we recommend placing it while the animal is asleep. The discounted cost for the microchip when done at the time of surgery or dentistry is \$58.00. The lifelong registration fee is included in this price. Initial below:

YES, please place the microchip at surgery _____

NO, I do not want a microchip placed _____

All dog owners have the option of having a hip x-ray taken of their dog while under anesthesia. This is especially recommended in dogs that will be over 50 lbs. when fully grown. The hip x-ray looks for any evidence of hip dysplasia which is an indicator for future arthritis. The discounted cost for a hip x-ray when done at the time of surgery or dentistry is \$90.00. Please initial below:

YES, please take a hip x-ray _____

NO, I do not want a hip x-ray _____

--	--

(SIGNATURE)

(DATE)

Medications

NAME	DOSAGE	AMOUNT/FREQUENCY	LAST GIVEN (TIME/DATE)

Belongings

ITEM	ITEM DESCRIPTION (COLOR, SIZE)
1.	
2.	