



## Surgery/Anesthesia Consent Form

Date:

Patient Name:

Client Name:

Patient Age:

Patient Weight:

(for office use only)

Procedure(s) & Service(s):

**Pre-Surgical Comfort Medications:** Did your pet receive any/all of the prescribed medications? (please select one)

All meds last night & this morning

Oops, I forgot/didn't pick them up

Some of the prescribed meds (please specify)

**Pre-Surgical Bloodwork:** Bloodwork is required for all pets undergoing an anesthetic event. It helps to identify problems that may affect your pet's anesthesia or recovery.

- **Minor Panel:** required for **dogs under 7 years or cats under 10 years.**
  - includes a small chemistry panel to check liver & kidney functions as well as a check for anemia.
- **Major Panel:** required for **dogs over 7 years or cats over 10 years & recommended for all patients.**
  - includes a more comprehensive chemistry panel to check liver & kidney functions, electrolytes & a CBC to check blood cell counts & platelet levels.

Please select ONE of the following:

Minor Panel (Chem10/PCV)

Major Panel (CBC/Chem15/Lytes)

Bloodwork has been performed in the last 6 months

**For dental procedures:**

**Extractions:** It may be necessary to extract diseased teeth. Additional charges apply. Do you authorize extractions?

Yes, I authorize any necessary extractions.

Please contact me prior to extracting ANY teeth. I realize that if I am not reached, the extractions will NOT be performed & may need to be done at a later date at additional costs.

**Additional Services:**

Nail Trim (no charge)

Update Vaccines/ Wellness Exam

Other:

Anal Gland Expression (\$30)

Place & Register Microchip (\$60)

**How would you like to be contacted with updates today?**

Phone:

Call

Text

Email:

**\*A current rabies vaccination is required by law. As such, if we do not have or if you cannot provide proof of current vaccination, one will be administered today.\***

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen years of age or over. I consent to the examination of this pet by the veterinarians at Four Lakes Veterinary Clinic. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. 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 veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the veterinarian is unable to reach me the hospital staff has my permission to provide such treatment, and I agree to pay for such care. I also understand that all fees are to be paid before the animal is released from the hospital unless other arrangements have been made in advance. I have read the above and agree.

**Signature:**

For In-Clinic Use Only:

Patient ID:

Current Weight:

Previous Weight:

Dr.

Notes: