

## Pre-Anesthetic/ Surgical Consent Form

Date: \_\_\_\_\_

I, \_\_\_\_\_ (owner/agent's name), consent and authorize Dr. Blythe Odom or her properly licensed associates to perform the following procedures or operations on

\_\_\_\_\_ (pet's name).

Procedure(s)/Operation(s) \_\_\_\_\_

I understand all reasonable care and precautions will be taken in performance of the procedures. I understand that with any medical procedure there are some risks involved and I accept responsibility for those risks. **I understand that my animal(s) will be checked for fleas/ticks upon arrival and that I will be responsible for payment of the charges incurred for the necessary treatment if needed.**

General anesthesia has become safer in recent years with the advent of newer drugs and better patient monitoring. Some conditions may not, however, be evident on physical examination. To better ensure your pet's safety during anesthesia, we will perform the following pre-anesthetic blood tests, even for elective procedures.

1. Complete Blood Count (CBC)
2. Blood Glucose
3. BUN and Creatinine
4. Alkaline Phosphate and ALT

**I have been informed that laser surgery is available and has the advantages of being less painful, causing less bleeding, reducing the chances of infection, and resulting in less scarring. This may be optional or mandatory depending on the surgery.**

The additional cost for laser surgery is \$50 \_\_\_\_\_ Accept \_\_\_\_\_ Decline

*Optional Procedures-only check if you would like:*

Nail Trim (\$11) \_\_\_\_\_ Dental cleaning (\$112.40-\$205.5 \*does not include extractions) \_\_\_\_\_

Ear Cleaning (18.50) \_\_\_\_\_ Anal Gland Expression (13.50) \_\_\_\_\_ Microchip (\$40) \_\_\_\_\_

I understand the procedures to be performed and the risks involved. I also authorize the doctor and staff to perform any lifesaving procedures deemed necessary in the event of an emergency. **I understand that if my pet is over the age of six, my pet will be administered IV catheterization and fluids as deemed necessary by the veterinarian at my own cost.** This is very important because it stabilizes my pet's blood pressure. I further understand that no guarantee of successful treatment is made. I certify that I have read and understand this release, and furthermore assume all financial responsibility for any and all charges related to the above procedures.

Signed,

Owner/Agent \_\_\_\_\_

Phone number we may reach you at \_\_\_\_\_