



Anesthesia/Surgery Consent Form

Client ID: _____ Patient ID: _____
Client Name: _____ Name: _____
Address: _____ Species: _____

Breed: _____

Sex: _____
Phone: _____ Color: _____
Birth Date: _____

Your pet will be undergoing general anesthesia plus a surgical procedure today. We will be performing a complete blood count (CBC) before the procedure. In addition, we do offer at the owner's discretion, preoperative blood chemistries to screen for any detectable underlying disorder for those animals less than 5 years of age. There is an additional charge for these blood tests. For animals 5 years of age and older, we require blood chemistries, the panel of tests to be determined by the doctor.

There is an additional charge for preoperative blood chemistries. We hope you understand the need for these important tests.

Surgical Procedure to be performed today: _____

Additional procedure to be performed today: _____

Microchip placement today at time of surgery is _____ additional cost. Yes No

I Do Do Not wish to have the *ORA VET TREATMENT* on my animal's teeth today. The benefits have been explained to me. Please ask for the additional cost. ***This is mandatory for all dental procedures.***

I Do Do Not wish to have the full pre-surgical blood work run today. Please ask for the additional cost.

I understand that there will be an added charge if my female is in heat when doing an OVH.

I understand that there will be an added charge for the treatment of parasites if these are found on my pet.

Signed: _____ Date: _____

Additional phone numbers: _____
