



Anesthesia/Surgery Consent Form

Owner's Name _____ Phone (where we can reach you today) _____

Pet's Name _____ Breed _____ Surgery/Procedure _____

In-Patient Questionnaire (must be completed by owner/responsible party)

1. Last time food eaten (time) _____ 2. Date(s) of last vaccination(s) _____

VACCINATIONS MUST BE CURRENT AT ADMISSION

Pre-Anesthetic Options

Yes No

The Gold Package: offers the best way to ensure your pet's safety during this anesthetic procedure. This testing is mandatory for animals over the age of seven years and recommended for all.

This package includes:

- Pre-anesthetic blood work, done in-house, helps reduce risk of complications from anesthesia by ruling out internal problems (particularly with the liver) which may otherwise go undetected.
- Intravenous catheter & IV fluids, which provide hydration and give the doctor immediate access to your pet's veins should potentially lifesaving measures be necessary.
- Electrocardiogram, which helps to determine if the electrical activity of your pet's heart is normal. This cannot be determined by simply listening to his heart.

Offered at a Discounted Rate of \$130 (a savings of \$80.50)

Pre-Anesthetic Blood Testing Only (see above) \$66

Home-Again Microchip: A microchip is a permanent identification method that helps protect your pet should it ever be separated from you. The price of \$39.95 includes lifetime enrollment with the AKC Home-Again database.

I AM THE OWNER OR AUTHORIZED AGENT OF THE ABOVE NAMED PET AND HEREBY CONSENT AND AUTHORIZE THE ABOVE PROCEDURE(S) TO BE PERFORMED. I UNDERSTAND THAT THERE IS ALWAYS A RISK ASSOCIATED WITH ANY ANESTHETIC PROCEDURE, EVEN IN APPARENTLY HEALTHY ANIMALS, AND THAT RESULTS CANNOT BE GUARANTEED. I ALSO UNDERSTAND THAT IT MAY NECESSARY TO PROVIDE MEDICAL AND/OR SURGICAL SERVICES WHICH MAY NOT BE CURRENTLY ANTICIPATED FOR THE SAFETY AND/OR CARE OF MY PET. I AGREE TO BE HELD RESPONSIBLE FOR ANY CHARGES INCURRED WHILE MY PET IS IN THE CARE OF ANIMAL HOSPITAL AT GRAYHAWK. I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME MY PET IS RELEASED FROM THE HOSPITAL.

Authorized Signature _____ Date _____

I UNDERSTAND AND ACKNOWLEDGE THAT THE HOSPITAL STAFF IS NOT IN ATTENDANCE AFTER NORMAL BUSINESS HOURS. _____ (INITIAL)