

Main Street Animal Hospital

General Anesthesia/Surgery Consent

Owner's Name: _____ Pet's Name: _____

I, the undersigned, certify that I am the owner/agent of the animal described above. I give Main St Animal Hospital permission to perform anesthesia and the following procedures:

While there are risks associated with general anesthesia, be assured the Main St Animal Hospital will take every precaution to minimize risk by always performing the following:

- Physical Exam prior to anesthesia
- Endotracheal intubation and oxygen therapy
- Injectable and inhalant (Isoflurane gas) anesthetics based on your pet's age and specific medical needs.
- Postoperative pain medication recommended by Veterinarian

I understand the following additional procedures are optional, but highly recommended:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-operative Blood work (recommended on all pets, especially if older than 4 years)
Blood work fee (\$50) |
| <input type="checkbox"/> | <input type="checkbox"/> | Intravenous catheter with fluid therapy (\$70) |
| <input type="checkbox"/> | <input type="checkbox"/> | Oral Pain Medications to go home (\$12-\$18) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fecal Exam- Recommended annually (\$25) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm Test for Dogs (\$38); FeLV/FIV test for Cats (\$50) |
| <input type="checkbox"/> | <input type="checkbox"/> | Microchip (\$45) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm/Flea product for Home |

It is important that we have a phone number where you can be reached if consultation is necessary before, during, and after your pet is under anesthesia:

Phone Number: _____

If you can't be reached, do you want the veterinarian to proceed at his/her own discretion? **Y N**

Does _____ have any history of **SEIZURES**? **Y N**

I hereby authorize Main St Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I have been given an estimate and understand that it is an approximation of planned procedures and the final bill may be less or more than this amount. I understand that I assume financial responsibility for all services rendered.

Owner Signature: _____ Date: _____

Staff Signature: _____