

PET MEDICAL CENTER AT APPLE TREE COVE



ANESTHESIA CONSENT FORM

Our greatest concern at Pet Medical Center is the well-being of your pet. Before administering anesthesia, your doctor will perform a pre-anesthetic examination. If anything of concern is found, you will be immediately contacted. Please take a moment to read and complete this consent form. Thank you.

Client's Name: _____

Pet's Name: _____

Pre-Anesthetic Blood Screening

We require a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of any underlying medical condition which could possibly complicate the procedure. These conditions may not be detected unless a pre-anesthetic blood screen is performed prior to anesthesia. Results will be available to the doctor before administering anesthesia. Note: In certain circumstances, your pet's doctor may require additional testing for your pet prior to anesthesia. In this case, the doctor will notify you before proceeding.

Authorization for Consent

I am the owner, or a representative of the owner, of the animal presented and have the authority to sign the consent. I understand that current vaccines are required for all pets entering this hospital. If vaccines are not current, they may be updated at the doctor's discretion.

- I have been advised as to the nature of the procedure(s) and/or surgery and the risks involved, and I realize that the results cannot be guaranteed.
- I accept that anesthesia always involves some element of risk to my pet and that I share in assuming all risks.
- I understand that every precaution is practiced to ensure the safety of my pet before, during and after the procedure.

If you have further questions about the care of your pet or the procedure(s) he/she will be undergoing, please ask to speak to a doctor or nurse. By signing this consent, I indicate that all my questions regarding my pet's procedure have been answered to my satisfaction.

Being of legal age, I hereby consent and authorize this hospital and its veterinarians to administer the agreed upon anesthetic procedures.

SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE:

_____ DATE: _____

PHONE NUMBER WHERE I CAN BE REACHED TODAY: _____