

ANESTHESIA/SURGERY CONSENT FORM

Pet Medical Center of Katy

Owner Name:

Spouse:

Street:

City:

State:

Phone:

Pet Name:

Breed:

Age:

Color:

Date:

Doctor: Norma Cruz, DVM

Phone Number where you can be reached today if different than above: _____

Please indicate when <animal> ate last _____

PROCEDURE TO BE PERFORMED ON <animal>: _____

I, the undersigned, certify that I am the owner, or authorized agent of the owner, of the animal described above. I authorize the veterinarian to perform the procedures listed above, including administration of sedatives and anesthesia, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and emergency care for the animal. I understand that no guarantee of successful treatment can be made.

In effort to minimize anesthesia risk, we recommend pre-anesthetic lab screening to identify any pre-existing/underlying problems. Although lab work will not reveal all health risks, it allows us to more fully assess <animal>'s health status before proceeding with anesthesia and surgery. The following pre-anesthetic profile is recommended for <animal>:

CBC, 6 panel Chemistry, electrolytes - \$131.00 Accept _____ Decline _____ Already provided _____

*Pain management plays an integral role in <animal>'s recovery. We will administer a pain injection upon recovery that last up to 8 hours, and will dispense medication to continue pain management at home.

We offer Home Again microchip implantation/registration for \$59.99. Would you like us to perform this service while <animal> is under anesthesia? Accept _____ Decline _____ Already has _____

If a Dental cleaning is being performed on <animal> today, each tooth will be evaluated during the process and extractions may be necessary. There is an additional fee for any extractions and pain medication may be necessary depending severity of the extraction(s). Please initial one of the following:

I authorize any extractions necessary _____

Please contact me prior to any extractions _____

I verify that <animal> is on heartworm prevention and has not missed a dose within the last 12 months.

I understand the reasons for, and risks of, the above authorized procedure(s) and assume full financial responsibility for all changes and service incurred to the described animal.

Signature: _____

Date: _____