

ANESTHESIA CONSENT FORM

PATIENT'S NAME: _____

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination and pre-anesthetic bloodwork. Serum chemistry tests give us an inside look at your pet's vital organs and let us know if they are functioning normally. A complete blood count allows us to detect infection, anemia, and platelet disorders that might cause us to postpone the scheduled procedure for your pet's safety.

Our laboratory is fully equipped and staffed to perform these important tests. Results will be available immediately to review before anesthesia is administered.

We will monitor the cardiac and respiratory function of all anesthetized patients electronically with pulse-oximetry, EKG and respiratory monitoring equipment.

Pain management medications are available and will be dispensed for post surgical care at home for most major surgeries.

ADDITIONAL PROCEDURES:

In addition to the scheduled procedure, would you like any of the following performed while your pet is asleep?

- pedicure (\$20.00) express anal sacs (\$25.00) ear clean/flush (\$25.00)
 micro-chipping (68.50)

DENTISTRY CONSENT

- I authorize Park Lane Veterinary Hospital to perform extractions if deemed necessary.
 I DO NOT authorize Park Lane Veterinary Hospital to perform necessary extractions. I am aware that there are health risks associated with untreated dental disease.

ANESTHESIA RELEASE

I understand that the doctors and staff will use all reasonable precaution against injury, escape or death of my pet. I understand that all anesthesia involves some minimal risk to my pet and I will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks.

Date _____ **Signature of Owner/Guardian** _____

CONTACT INFORMATION:

Please give us an emergency contact number that you may be reached at today.

_____ **or** _____